



Standards of Accreditation in Health

Hemodialysis Center Kit - v2.2/2018



**Standards of Accreditation in Health
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Department of Productivity, Quality and Accreditation in Health - MoH Turkey

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Department of Productivity, Quality and Accreditation in Health



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PROLOGUE



Introduction



Nowadays, rapid advances in medical technology and applications have brought significant changes in physical and functional construction of the health services.

Emerging success rates of diagnosis and treatment applications, corresponding increases in number of patients and patient beds turnover, people being more careful about health of themselves and their families can be listed as the cause of the physical and functional changes.

These changes affect structural, administrative and designative practices of hospitals and emphasize the need to provide quality health care for patients who need medical care as soon as possible.

So far, a few patient and organizational structure focused accreditation systems have been established for the purpose of development of patient care in the world at an optimal level of quality, creation of a safe patient care environment, minimizing risks concerning patients and employees, a number of quality improvement and patient safety, and performance of healthcare institutions started to be evaluated within these systems.

In Republic of Turkey, foundations of accreditation have been laid in 2005 with the quality of healthcare evaluations and service standards of evaluations have been determined. These standards which are developed over time in the terms of number and structure have been implemented in four different versions. By 2013, standards got restructured in the terms of four basic principles of accreditation and ten goals, and the fifth version has been finalized with the name of "Standards of Accreditation in Health Hemodialysis Center Kit".

This kit prepared for Dialysis Centers have two sections and consists of Standards, Assessment Criteria and Guides.

In the first part, historical development process and general information about the accreditation standards have been demonstrated.

The second part includes guides which consists of Standard Requirements that will help understanding and implementing standards and assessment criteria.

SAS-Hemodialysis Center Kit which contains basic information about



accreditation process and requirements for becoming accredited is presented for the benefit of Dialysis Centers and all stakeholders to improve the quality of health care.

With the establishment of national accreditation structure in the axis of Standards of Accreditation in Health, three main elements of Transformation of Health Program has been completed. Developed quality of health structure specific for Republic of Turkey consists of two parts:

- » Turkey Health Quality System
- » Turkey Health Accreditation System

Turkey Health Quality System: The system is created by the Ministry of Health to raise the quality of health services in our country to the highest level within the scope of Health Transformation Program and to ensure patient and employee safety and patient and employee satisfaction. The system is mandatory for all public and private healthcare organizations in the 1st, 2nd and 3rd level in our country.

Turkey Health Accreditation System: It is a system based on SAS, which health care organizations will apply on a voluntary basis and become accredited according to their success. Accreditation of Health System is a program that will be applied to, for organizations that want to go beyond the current national quality state and put forth the difference in their quality level. It's organized as incentive for domestic and overseas health tourism because of including a document approved internationally.

In Turkey, this structure which is established in the field of health quality by Ministry of Health has significant importance for rising on a sturdy foundation in the framework of an awareness of a service that continuously improves and is sustainable.

First of all, The SAS Hemodialysis Set aims to determine the standards that define success targets in hemodialysis services. For this reason, the name of the "SAS Dialysis Center" was changed to the "SAS Hemodialysis Center" set. The Standards are designed for self-governing hemodialysis centers serving all public, private and university status. Units that provide dialysis services in the hospital are not included in this set.

In the set, Dialysis Center describes the Hemodialysis Centers.

Department of Productivity, Quality and Accreditation in Health

Standards of Accreditation in Health Dialysis Center Kit (SAS HC)



Development of Standards

Work on accreditation in health conducted within the Ministry of Health in Turkey stretches back to the year 2003 and concepts of quality and accreditation have been among the priorities of the health policy with the principles determined within the scope of Health Transformation Program.

In the Health Transformation Program, emphasis is put on the planning and supervising roles of the Ministry of Health, that is on a Ministry structure and practice that determine the standards of service, set rules, and supervise the framework of practices and the level of implementation of these standards. The accreditation system is established. With the principle of “quality and accreditation for quality and effective health services” contained in the sixth component of the programme.

On the basis of the necessity of quality studies having international identity, first steps have been taken for establishment of the Health Accreditation System in Turkey in May, 2012. As a result of studies official co-operation have been initiated by negotiations with ISQua-the accreditor of accreditors on 20.03.2013. In the framework of negotiations and the agreement signed with ISQua, “ISQua International Principles for Healthcare Standards” have been analyzed in detail. On the basis of Decree Law No. 669, Standards of Accreditation in Health (SAS) are prepared by the Ministry of Health. Doing surveys and giving the certificate of accreditation for voluntary organizations is carried out by Institute of Turkey Quality and Accreditation in Health (TUSKA), which is established within the body of Turkish Health Institutes Presidency (TUSEB), on the basis of SAS.

Hemodialysis Center Kit of Standards of Accreditation in Health is prepared considering international and national quality studies, principles of World Health Organization and ISQua. (Appendix: Information Note) This kit has been created taking into account international developments, coverage of all service sections and compability for teleological interpretation. Also properties such as service and outcome-oriented approach, encouraging innovation in organizations, highlighting of applicability, being easy to use and inclusive were considered.



Objective and Scope of Standards of Accreditation in Health Hemodialysis Center

Standards of Accreditation in Health have been structured in line with minimum risk, optimum quality and maximum safety principles within the framework of the principles of World Health Organization and ISQua which are patient safety, quality improvement, patient and service user-orientedness, institutional planning and performance in the field of quality in health.

First of all, The SAS Hemodialysis Set aims to determine the standards that define success targets in hemodialysis services. For this reason, the name of the "SAS Dialysis Center" was changed to the "SAS Hemodialysis Center" set. The Standards are designed for self-governing hemodialysis centers serving all public, private and university status. Units that provide dialysis services in the hospital are not included in this set.

Goals of Standards of Accreditation in Health

Standards of Accreditation in Health Hemodialysis Center Kit has been developed by taking into account patient safety goals of WHO, principles of ISQua, accreditation programs conducted across the world and needs and priorities of our country with a view to ensuring quality in dialysis centers and in order to achieve quality goals contained in the figure below.



In order to be able to say that service provided in dialysis centers is of quality, these centers must achieve the above mentioned goals.

These goals can be handled in two categories in general. The goals in the first category are organizational goals that relate to service delivery mode of the institution in other words how the institution puts forwards its services. (Effectiveness, Efficiency, Productivity and Healthy Work Life).

The goals contained in the second category concern those that get service from the institution directly. (Patient Safety, Equity, Patient-Orientedness, Suitability, Timeliness, Continuity).

The categorization is aimed at putting forth the goals in a clear manner. For example, in an institution where there is no healthy work environment, it will not be possible to ensure patient-orientedness. There is no priority relationship between the goals that have been mentioned and the fact that these goals are achieved in compliance with one another is a point that is emphasized by Standards of Accreditation in Health.

The definitions of SAS goals can be found below:

- » **Effectiveness:** The criterion used to achieve the planned goal.
- » **Efficiency:** The ability to do the work in a proper manner.
- » **Productivity:** The relation between the amount of service that is generated and the input used to generate these services. It means achieving the goals by using the least amount of resources.
- » **Healthy Work Life:** Ensuring an ideal and safe work environment and infrastructure for health professionals.
- » **Patient Safety:** Measures and improvement activities undertaken to keep all the foreseeable dangers that may cause harm to the stakeholders that get service on an acceptable risk level.
- » **Equity:** All of the service units of the institutions ensuring that those getting service benefit from equal rights based only on their care and treatment needs regardless of any other difference.
- » **Patient-Orientedness:** Ensuring active participation of the patient in the services related to diagnosis, treatment and care by taking their wishes, needs, expectations and values into consideration.
- » **Suitability:** The health of the person benefiting from the medical procedures and processes to be conducted rather than being harmed.
- » **Timeliness:** Providing the services regarding diagnosis, treatment and care in the most appropriate and acceptable time interval in line with the needs of the patient.
- » **Continuity:** Ensuring the continuity of medical services in a chronological and interdisciplinary manner after the treatment is completed.

Structure of Standards of Accreditation in Health DC Kit

Standards of Accreditation in Health consist of 7 aspects, 29 chapters, 54 Standards, 200 assessment criteria.

SAS DC Kit is composed of Standards, Assessment Criteria and the guidelines related to them. In the guidelines there are the objectives, goals and Standard requirements of the Standards. Standards, assessment criteria and the relevant guidelines must be handled as a whole and implemented as such.

Aspects of Standards of Accreditation in Health Hemodialysis Center

7 aspects that are contained in Standards of Accreditation in Health DC Kit are as follows:

- » Management and Organization
- » Performance Measurement and Quality Improvement
- » Healthy Work Life
- » Patient Experience
- » Healthcare Services
- » Support Services
- » Emergency Management

General Objectives and Scope of the Aspects

Aspects contained in Standards of Accreditation DC were determined based on the service provided at Dialysis Centers, executive activities and people involved in the service process in such a way as to encompass all the units of the institution.

» **Management and Organization**

Under this aspect, it is aimed to establish a management structure that will make sure the activities are conducted in a systematic manner by ensuring sustainability in the operation of the institution and to create an effective quality management structuring in which senior management and all the personnel take part in the institution.

To attain this goal, an organization structure must be established in the institution, main policies and values must be determined, quality management structure must be created, document management must be ensured, an adverse event system must be established, risk management and training management must be ensured, work must be undertaken to promote and develop health and institutional communication must be ensured.

» **Performance Measurement and Quality Improvement**

It is aimed to determine and address the potential problems regarding service delivery especially administrative, financial and medical processes and take actions to improve quality. It is planned to achieve these goals by making use of indicators determined by the institution and SAS indicators.

» **Healthy Work Life**

Under this aspect it is aimed to make sure that the personnel lead a healthy life

for quality service delivery and to look at the organizations of DC through the perspective of the personnel.

In line with this goal, a structure aimed at human resources management must be established, measures must be taken against factors that threaten the health and safety of the personnel and requirements to improve the work life must be determined.

» **Patient Experience**

Under this aspect it is aimed to look at the services through the perspective of the patient in order to ensure basic patient rights, patient safety and patient satisfaction.

To attain this goal, the services that are provided must be organized in such a way as to protect the patient and carer rights, to make sure that patients access the services on time and to ensure patient safety.

» **Healthcare Services**

It is aimed to provide all the medical service processes provided at DC within the scope of SAS goals. To that end, work must be undertaken in prevention of dialysis services, patient care, control and prevention of infections, sterilization services, medicine management laboratory services.

» **Support Services**

Under this dimension it is aimed to establish the infrastructure necessary to ensure the safety and continuity of medical service processes. To attain this goal, work must focus on accommodation; facility management, waste management, information management and material and device management must be ensured; activities aimed at outsourcing must be planned.

» **Emergency Management**

Under this aspect it is aimed to intervene in the fastest and most efficient manner to prevent dangerous situations and harm at DC that may be caused by natural disasters such as earthquake, flood or emergencies like fire, explosion etc., respiratory or cardiac arrest cases and in cases where the personnel is exposed to violence.

Coding of Standards of Accreditation in Health

The coding system was developed with a view to giving the standards an identity and thereby ensuring their monitorability.

Coding System

- » The code of the Standard is composed of 4 parts.
- » The first two parts are composed of letters and the last two parts of figures.
- » The parts where the letters are used are composed of two letters and these two letters are the acronyms of the relevant aspect and chapter.

- » The figures in the last two parts (3rd and 4th Parts) constitute a two-digit number.
- The third part signifies the number of the Standard in the chapter.
 - The fourth part signifies the number of the assessment criterion of the Standard.
 - “00” in the fourth part signifies the Standard itself, the numbers starting with “01” signifies the ordering of assessment criteria.

The codes for the aspects are as follows:

Aspects	Codes
Management and Organization	YO
Performance Measurement and Quality Improvement	PÖ
Healthy Work Life	SÇ
Patient Experience	HD
Healthcare Services	SH
Support Services	DH
Emergency Management	AD

The codes for each chapter can be found below:

CHAPTER CODE	NAME OF THE CHAPTER
YO.OY	Organizational Structure
YO.PD	Core Policies and Values
YO.KY	Quality Management Structure
YO.DY	Document Management
YO.GR	Adverse Event System
YO.RY	Risk Management
YO.EY	Training Management
YO.SS	Social Responsibility
YO.Kİ	Institutional Communication
PÖ.Gİ	Monitoring of Indicators
SÇ.İK	Human Resources Management
SÇ.ÇG	Employee Health and Safety
HD.HH	Basic Patient Rights
HD.HG	Patient Safety
HD.GB	Patient Feedback
HD.HE	Access to Service

CHAPTER CODE	NAME OF THE CHAPTER
SH.DH	Dialysis Services
SH. HB	Patient Care
SH.EÖ	Prevention of Infections
SH.SY	Sterilization Management
SH.İY	Medicine Management
SH.LH	Laboratory Services
DH.OH	Accommodation Services
DH.TY	Facility Management
DH.AY	Waste Management
DH.BY	Information Management
DH.MC	Material and Device Management
DH.DK	Outsourcing
AD.AD	Emergency Management

An example of coding for a Standard can be found below:

STANDARD CODE	STANDARD	AC CODE	ASSESSMENT CRITERIA (AC)
YO.OY.01.00	An organisational structure to cover all laboratory activities must be established.	YO.OY.01.01	Organisational structure must be defined in a way that covers responsibilities related to governance
		YO.OY.01.02	All vertical and horizontal relations in the organisational structure, from senior management to subunits, must be defined.
		YO.OY.01.03	Within the organisational structure, duties, powers and responsibilities of all units and staff must be defined.
		YO.OY.01.04	Responsibilities must be identified for units defined in organisational structure.
		YO.OY.01.05	Implementation of hospital policies, procedures, processes and plans should be provided in all units within the organization structure.



STANDARDS
and
GUIDES



SAS HEMODIALYSIS	
Aspects and Chapters	
GOALS Efficiency Efficacy Productivity Healthy Work Life Patients Safety Fairness/Equity Patient Focused Convenience Timeliness Continuity	Emergency Management • Emergency Management
Healthy Work Life	Support Services • Accommodation Services • Facility Management • Waste Management • Information Management • Material and Device Management • Outsourcing
Performance Measurement and Quality Improvement	Health Services • Monitoring of Indicators • Dialysis Services • Patient Care • Prevention of Infections • Sterilization Management • Medicine Management • Laboratory Services
Management and Organization	Patient Experience • Organizational Structure • Core Policies and Ethical Values • Quality Management Structure • Document Management • Adverse Event Reporting System • Risk Management • Training Management • Social Responsibility • Institutional Communication • Basic Patient Rights • Patient Safety • Patient Feedback • Access to Service



STANDARDS OF ACCREDITATION IN HEALTH - DIALYSIS CENTER KIT							
ASPECT CODE	ASPECT	CHAPTER CODE	CHAPTER	STANDARD CODE	STANDARD	ASSESSMENT CRITERIA (AC)	
YO	Management and Organization	YO.OY	Organizational Structure	YO.OY.01.00	An organisational structure to cover all Dialysis Center activities must be established.	YO.OY.01.01	Organisational structure must be defined in a way that covers responsibilities related to governance and clinical governance.
						YO.OY.01.02	All vertical and horizontal relations in the organisational structure, from senior management to subunits, must be defined.
						YO.OY.01.03	Within the organisational structure, duties, powers and responsibilities of all units and staff must be defined.
						YO.OY.01.04	Responsibilities must be identified for units defined in organisational structure.
						YO.OY.01.05	An institutional plan should be established for the activities carried out in line with the organization's aims and objectives.
						YO.OY.01.06	Implementation of DC policies, procedures, processes and plans should be provided in all units within the organization structure.
					YO.OY.02.01	DC must have all necessary authorization and permits related to institutional services and staff working status for all its activities.	
					YO.OY.02.02	The current and valid status of the necessary authorization and authorization documents for all services and personnel must be reviewed at least once a year and regularly when necessary.	
					YO.PD.01.01	Mission, vision and ethical values of Dialysis Center must be defined in a clear and understandable manner.	
					YO.PD.01.02	Dialysis Center must share its mission, vision and ethical values with the public.	
					YO.PD.01.03	Corporate goals and objectives must be determined in accordance with mission, vision and values, the objectives of the medical and administrative departments should be compatible with the basic policies and values of the DC.	
					YO.PD.01.04	Service planning for achievement of institutional goals and objectives in Dialysis Center must be done by taking environmental and financial factors into account.	
				YO.PD.01.05	An efficient budgeting (income/expense budget) must be in place in order to attain goals and objectives set.		
				YO.PD.01.06	Dialysis Center must review and assess its institutional resources at regular intervals by taking into consideration plans prepared and budgets drafted with the aim of realising such plans.		

STANDARDS OF ACCREDITATION IN HEALTH - DIALYSIS CENTER KIT						
ASPECT CODE	ASPECT	CHAPTER CODE	CHAPTER	STANDARD CODE	STANDARD	ASSESSMENT CRITERIA (AC)
YO	Management and Organization	YO.KY	Quality Management Structure	YO.KY.01.00	Planning, implementation, coordination and continuity of quality improvement activities must be ensured.	YO.KY.01.01 A management structure must be established in order to ensure planning, implementation, coordination and continuity of quality improvement activities.
						YO.KY.01.02 The duties, powers and responsibilities of those involved in the management structure must be defined.
						YO.KY.01.03 The managerial structure should ensure the planning, execution and coordination of quality improvement activities.
		YO.KY.01.04 Responsible employees must be determined regarding at least the following topics: » Employee safety » Patient safety » Training » Facility management » Prevention of infections				
		YO.DY	Document Management	YO.DY.01.00	Management of documents at Dialysis Center must be ensured.	YO.DY.01.01 Policies, procedures, processes and plans related to all main functions covered by the SAS Dialysis Center must be documented. YO.DY.01.02 Format of documents must be determined. YO.DY.01.03 Preparation, check, approval, up-to-datedness and storage of documents must be ensured. YO.DY.01.04 Rules to convey documents to relevant people must be set. YO.DY.01.05 Process related to monitoring of external documents to be followed by Dialysis Center must be defined.

STANDARDS OF ACCREDITATION IN HEALTH - DIALYSIS CENTER KIT							
ASPECT CODE	ASPECT	CHAPTER CODE	CHAPTER	STANDARD CODE	STANDARD	ASSESSMENT CRITERIA (AC)	
YO	Management and Organization	YO.OB	Adverse Event Reporting System	YO.OB.01.00	Reporting of adverse events that may (near miss) or does (adverse) affect the safety of patients and staff negatively must be ensured, and necessary measures must be taken.	YO.DB.01.01	A system must be established in order to report adverse events that may or does affect the safety of patients and staff negatively.
						YO.DB.01.02	Case specific analysis must be conducted, and actions must be taken if necessary.
						YO.DB.01.03	Notifications made to the system must be analyzed, reported and evaluated.
						YO.RY.01.01	There must be a regulation related to managing the risks that may occur in an DC.
						YO.RY.01.02	There must be a regulation related to managing the risks that may occur in an DC.
							Risk management plan must entail the following issues: » Patients » Relatives » Carers » Visitors » Staff » Facility safety » Environmental safety » Administrative and financial processes. » Strategic risks » Communication processes with stakeholders
						YO.RY.01.02	
					Risk Management	YO.RY.01.00	Risks related to Dialysis Center and services provided must be managed.
				YO.RY			
						YO.RY.01.03	Risks to be addressed within the scope of risk management must be determined, analysed and risk levels must be identified.
				YO.RY.01.04	Necessary measures must be adopted in line with the according to the risk level identified, and actions must be taken for improvement.		
				YO.RY.01.05	Risks identified and effectiveness of improvement actions must be reviewed periodically.		
				YO.RY.01.06	Indicators for monitoring the effectiveness of risk management must be determined and monitored.		

STANDARDS OF ACCREDITATION IN HEALTH - DIALYSIS CENTER KIT							
ASPECT CODE	ASPECT	CHAPTER CODE	CHAPTER	STANDARD CODE	STANDARD	ASSESSMENT CRITERIA (AC)	
YO		YO.EY	Training Management	YO.EY.01.00	In accordance with quality improvement activities, training needs of patients, carers and staff must be determined, and it must be ensured that necessary training is conducted effectively.	YO.EY.01.01 Responsibilities in charge of the planning and coordination of training activities must be determined.	
						YO.EY.01.02 Training needs must be identified on the basis of patients, carers and staff.	
						YO.EY.01.03 Training plans must be prepared and implemented in line with training needs.	
						YO.EY.01.04 Effectiveness of training plans and trainings carried out must be monitored and necessary improvement actions must be taken.	
	Management and Organization		YO.SS	Social Responsibility	YO.SS.01.00	DC, must organize programs for promoting and improving health by taking health structure and general health problems of the society into account.	YO.SS.01.01 DC, must organize programmes promoting and improving health, in line with the health structure of the region and population it serves, taking into consideration service quality, within the context of national and global health problems.
							Under the scope of institutional communication, target audience must be identified by taking Dialysis Center structure, core policies and values into account and communication strategies for target audience must be determined.
			YO.KI	Institutional Communication	YO.KI.01.00	Institutional communication activities must be carried out effectively.	YO.KI.01.01 Target audience must be informed about Dialysis Center activities and their organisation.
							YO.KI.01.02 Necessary actions must be taken to create a positive opinion among target audience.
							YO.KI.01.03

STANDARDS OF ACCREDITATION IN HEALTH – DIALYSIS CENTER KIT							
ASPECT CODE	ASPECT	CHAPTER CODE	CHAPTER	STANDARD CODE	STANDARD	ASSESSMENT CRITERIA (AC)	
PÖ	Performance Measurement and Quality Improvement	PÖ.Gi	Monitoring of Indicators	PÖ.Gi.01.00	Institutional indicators must be monitored and evaluated in order to continuously improve service provision processes regarding primarily administrative, financial and medical steps.	PÖ.Gi.01.01	Indicators must be determined to include processes concerning service delivery, primarily administrative, financial and medical steps.
						PÖ.Gi.01.02	Indicator cards must be created to cover issues related determination, collection, evaluation and monitoring of data to be used for indicators.
						PÖ.Gi.01.03	Monitoring, evaluating and reporting of indicators must be carried out through information management systems.
						PÖ.Gi.01.04	Necessary improvements must be made taking into consideration the analysis results for the indicators.
						PÖ.Gi.01.05	The results of the SAS indicators must be submitted to the SAS Indicator Data System.

STANDARDS OF ACCREDITATION IN HEALTH - DIALYSIS CENTER KIT						
ASPECT CODE	ASPECT	CHAPTER CODE	CHAPTER	STANDARD CODE	STANDARD	AC CODE
SÇ	Healthy Work Life	SÇ,İK	Human Resources Management	SÇ,İK.01.00	A management structure that will fulfill the requirements concerning planning of human resources, improvement of work life and the personnel must be established.	SÇ,İK.01.01
						SÇ,İK.01.02
						SÇ,İK.01.03
						SÇ,İK.01.04
						SÇ,İK.02.01
						SÇ,İK.02.02
						SÇ,İK.02.03
						SÇ,İK.02.04
						SÇ,İK.02.05
						SÇ,İK.02.06
						SÇ,ÇĞ.01.01
						SÇ,ÇĞ.01.02
						SÇ,ÇĞ.01.03
						SÇ,ÇĞ.01.04
						SÇ,ÇĞ.01.05
					The relation of the management structure with other management levels must be identified.	
					Duties, authorities and responsibilities of those in the management structure and the qualifications they must have must be identified.	
					Annual goals and work plans must be developed.	
					Feedback processes aimed at determining satisfaction levels and comments and suggestions of the personnel regarding their work life must be identified.	
					A personnel recruitment plan must be developed in line with human resources needs of DC.	
					Personnel recruitment processes must be identified.	
					Processes regarding ensuring the adaptation of the newly recruited personnel to DC must be identified.	
					Duties, authorities, responsibilities of the personnel and the qualifications they should have and the performance criteria their job requires must be determined.	
					Performance of the personnel must be measured, training needs must be determined to enhance the performance and necessary trainings must be provided.	
					How and to what extent the current standards, protocols and evidence-based clinical guidelines accepted by DC are used by the personnel must be monitored and trainings aimed at ensuring the use of these standards and guidelines efficiently must be identified.	
					Responsibles aimed at management of the factors that threaten employee health and safety must be determined.	
					Risk analyses must be conducted on the factors that threaten employee health and safety and measures must be taken to eliminate or decrease the risks that threaten the safety.	
					It must be ensured that employees use the personal protective equipment against the risks.	
					Quality improvement activities that aim to ensure the continuity of employee safety must be planned.	
					Physical and social opportunities that are necessary to improve the work environments and the work life must be provided and personal needs of the employee regarding work life must be met.	



STANDARDS OF ACCREDITATION IN HEALTH - DIALYSIS CENTER KIT								
ASPECT CODE	ASPECT	CHAPTER CODE	CHAPTER	STANDARD CODE	STANDARD			
HD	Patient Experience	HD.HH	Basic Patient Rights	HD.HH.01.00	The services provided in DC must be organized in such a way as to protect patient and carer rights.			
						ASPECT CRITERIA (AC)	HD.HH.01.01	An executive structure aimed at protecting, exercising and improving the rights of patients and carers must be established.
						HD.HH.01.02	DC which offers all services and access to these services with information about the quality of these services should be declared.	
						HD.HH.01.03	Patient and/or carers must be informed about the services related to dialysis services, patient rights and patient responsibilities.	
						HD.HH.01.04	During the health care process, consideration must be given to the choices and preferences of the patient.	
						HD.HH.01.05	Activities must be planned in all service processes for the patient to be respected and to receive meticulous service.	
						HD.HH.01.06	The patient must be informed prior to any medical intervention planned and his/her consent must be obtained and documented.	
						HD.HH.01.07	Patients must be able to examine the medical documents about themselves and receive a copy if requested.	
						HD.HH.01.08	Arrangements must be made for the spiritual and cultural needs of the patient.	
						HD.HH.01.09	All measures necessary must be taken to ensure patient privacy.	
						HD.HH.01.10	Arrangements must be made for receiving, investigating and resolving complaints of patients and their relatives.	
						HD.HH.01.11	Patient's consent must be obtained if the patient is to take part in a research or experiment, or if the information, data or materials about the patient are to be used in any way.	
HD.HH.01.12	Processes aimed at informing the patient or carer if unintended events that negatively affect the patient safety occur must be identified.							

STANDARDS OF ACCREDITATION IN HEALTH - DIALYSIS CENTER KIT							
ASPECT CODE	ASPECT	CHAPTER CODE	CHAPTER	STANDARD CODE	STANDARD	AC CODE	ASSESSMENT CRITERIA (AC)
HD	Patient Experience	HD.HG	Patient Safety	HD.HG.01.00	The services provided at DC must be organized in such a way as to protect the safety of patients and their carers.	HD.HG.01.01	Responsibles must be determined to ensure patient safety.
						HD.HG.01.02	Risk analyses must be conducted on the factors that threaten patient safety and measures must be taken to eliminate or decrease the risks that threaten safety.
						HD.HG.01.03	Quality improvement activities must be planned to ensure the continuity of patient safety.
		HD.GB	Patient Feedback	HD.GB.01.00	A system must be established to receive feedback (comments, suggestions and complaints etc.) from patients and their carers about the services that are provided.	HD.GB.01.01	The system's scope, methods and tools must be defined including receiving, investigating and resolving of all feedbacks.
						HD.GB.01.02	Patients and carers must be informed about how they can provide feedback.
						HD.GB.01.03	Feedback must be assessed.
						HD.GB.01.04	Necessary improvement activities must be planned for the results that come out of the feedback.
		HD.HE	Access to Service	HD.HE.01.00	Necessary precautions must be taken in order to provide patient able to reach services in time.	HD.HE.01.01	Patients must be provided with reception, orientation and consultation services that will facilitate the application process at DC and through which they can access all the information they need in the application process at DC.
						HD.HE.01.02	Access to the dialysis center should be provided taking into account the safety and comfort of patients who need transfer.
						HD.HE.01.03	Facilitating measures concerning access to services and waiting periods must be taken based on age, disease and disability.
				HD.HE.01.04	Service delivery processes must be organized in such a way as to ensure the dialysis process of the patient in good time and without delay.		

STANDARDS OF ACCREDITATION IN HEALTH – DIALYSIS CENTER KIT							
ASPECT CODE	ASPECT	CHAPTER CODE	CHAPTER	STANDARD CODE	STANDARD	AC CODE	ASSESSMENT CRITERIA (AC)
SH	Health Services	SH.DH	Dialysis Services	SH.DH.01.00	Control of decision and planning processes for dialysis treatment must be ensured.	SH.DH.01.01 SH.DH.01.02	There must be a Dialysis Prescription for the decision of dialysing patients according to a scheduled program. The process for administration of dialysis must be planned.
				SH.DH.02.00	All processes and procedure steps on dialysis services must be identified.	SH.DH.02.01	All processes and procedure steps concerning admission of the patient to the dialysis centre, preparation of patient and machines for the procedure, administration of dialysis, meeting the sterilization conditions, completion of dialysis and patient's departure from the dialysis centre must be identified.
				SH.DH.03.00	The processes that precede dialysis session must be checked.	SH.DH.03.01 SH.DH.03.02	How the patients and medical staff will be informed about these processes must be determined. Rules regarding preparation of the patient prior to the procedure must be defined.
				SH.DH.04.00	Processes regarding dialysis sessions must be checked.	SH.DH.04.01 SH.DH.04.02	Rules regarding preparation of dialysis machines prior to the procedure must be defined. The processes and rules regarding the procedures from the administration of dialysis treatment to the completion of it must be defined. Measures must be taken to ensure patient safety during the process.
				SH.DH.05.00	Control of medical follow-up processes of the patients that are administered dialysis treatment must be ensured.	SH.DH.05.01 SH.DH.05.02 SH.DH.05.03	Medical follow-up file must be created for the patients who are administered dialysis treatment. All patients must be regularly followed up by the relevant specialist physician. Dialysis patients must be informed about acute and chronic complications and be monitored.
				SH.DH.06.00	Patient/Patient's relative must be informed about applying to organ and tissue transplantation centres.		

STANDARDS OF ACCREDITATION IN HEALTH - DIALYSIS CENTER KIT							
ASPECT CODE	ASPECT	CHAPTER CODE	CHAPTER	STANDARD CODE	STANDARD	AC CODE	ASSESSMENT CRITERIA (AC)
SH	Health Services	SH.HB	Patient Care	SH.HB.01.00	Patient care processes must be conducted in line with the needs of the patient and so as to ensure patient safety.	SH.HB.01.01	The process related to the patient care practices must be planned.
						SH.HB.01.02	Patients must be evaluated in terms of their care needs.
						SH.HB.01.03	A care plan for patients must be developed according to the results of the evaluation.
						SH.HB.01.04	The care plan must be reviewed in line with the clinical picture of the patient and be updated when necessary.
						SH.HB.01.05	Patients/carers must be involved in the care processes.
						SH.HB.01.06	Ethical dilemmas such as not treating the patient, withdrawal of the treatment or discontinuing the treatment must be addressed and settled in time.
						SH.HB.01.07	Processes regarding referral of the patient or completion of the treatment must be planned so as to ensure continuity of the care.
						SH.HB.01.08	Records which are relevant to patient care process must be complete, accurate and shall include required notes/warnings for patient's clinical trial.
				SH.HB.02.00	In the patient care process, patient identity must be verified to make sure that the medical procedure is conducted on the right patient.	SH.HB.02.01	Identity verification methods and tools must be identified.
						SH.HB.02.02	Patient and health personnel must be trained on verification of the patient identity.

STANDARDS OF ACCREDITATION IN HEALTH – DIALYSIS CENTER KIT							
ASPECT CODE	ASPECT	CHAPTER CODE	CHAPTER	STANDARD CODE	STANDARD	ASSESSMENT CRITERIA (AC)	
SH	Health Services	SH.HB	Patient Care	SH.HB.03.00	Measures must be taken to prevent patient falls.	SH.HB.03.01	The process concerning prevention of falls must be planned.
				SH.HB.03.02		Measures must be taken to prevent falls.	
				SH.HB.03.03		Falls that have occurred must be monitored.	
				SH.HB.04.01	Effective communication must be ensured in the flow of information among the health professionals.	SH.HB.04.01	The process regarding shift handover of the personnel must be identified.
				SH.HB.04.02		Action must be taken about abbreviations, signs, symbols and the amount of dose that should not be used.	
				SH.HB.04.03		Patient information must be conveyed properly and thoroughly in the case of transfer of the patient.	
				SH.HB.04.04	Patients that carry the risk of harming themselves or others must be taken under control.	SH.HB.04.04	The process regarding taking into account the consultations held in and outside the Dialysis Center must be planned.
				SH.HB.05.01		Patients must be assessed in terms of the risk of harming themselves or others.	
				SH.HB.05.02		Necessary measures must be taken against patients that carry the risk of harming themselves or others.	
				SH.HB.06.00	The standardization of care practices for specific patient groups must be ensured.	SH.HB.06.01	Processes regarding specific patient groups and the care practices specific to these groups must be identified.
				SH.HB.06.02		Care practices and procedures aimed at specific patient groups must be determined.	

STANDARDS OF ACCREDITATION IN HEALTH - DIALYSIS CENTER KIT							
ASPECT CODE	ASPECT	CHAPTER CODE	CHAPTER	STANDARD CODE	STANDARD	AC CODE	ASSESSMENT CRITERIA (AC)
SH	Health Services	SH.E0	Prevention of Infections	SH.E0.01.00	Necessary measures must be taken for the prevention of infections.	SH.E0.01.01	Responsibles must be determined for infection prevention and responsibilities must be defined.
						SH.E0.01.02	A programme must be created for the prevention of infections.
						SH.E0.01.03	Efficiency of the practices aimed at ensuring prevention of infections must be monitored.
		SH.SY	Sterilization Management	SH.SY.01.00	Processes concerning sterilization services must be identified and taken under control.	SH.SY.01.01	Physical areas and conditions in sterilization unit must be planned according to the process steps.
						SH.SY.01.02	The processes regarding sterilization, storage, transfer and use of the materials must be taken under control.
						SH.SY.01.03	Traceability of the evidence regarding time, device, method, implementer and control parameters must be ensured in each stage of the sterilization.

STANDARDS OF ACCREDITATION IN HEALTH - DIALYSIS CENTER KIT						
ASPECT CODE	ASPECT	CHAPTER CODE	CHAPTER	STANDARD CODE	STANDARD	ASSESSMENT CRITERIA (AC)
SH	Health Services	SH.IY	Medicine Management	SH.IY.01.00	Efficient and safe medicine management must be ensured in Dialysis Center.	SH.IY.01.01 A medicine management structure that will ensure effective conduct and coordination of the medicine management in Dialysis Center must be created.
						SH.IY.01.02 Main and critical stages of all the processes regarding medicine must be determined and the methods and rules regarding these stages must be determined.
						SH.IY.01.03 The right medicine must be provided at the right time and effective stock management of the medicines must be ensured.
						SH.IY.01.04 Medicines must be kept under proper conditions.
						SH.IY.01.05 Measures must be taken to ensure the safety of the patient and the personnel when the medicines are being prepared and administered.
						SH.IY.01.06 Traceability of medicine processes must be ensured by making use of feedback infrastructures and indicators and the necessary improvement work must be undertaken.

STANDARDS OF ACCREDITATION IN HEALTH - DIALYSIS CENTER KIT						
ASPECT CODE	ASPECT	CHAPTER CODE	CHAPTER	STANDARD CODE	STANDARD	ASSESSMENT CRITERIA (AC)
SH	Health Services	SH.LH	Laboratory Services	SH.LH.01.00	Laboratory physical environment must be established in a way that ensures test and employee safety.	SH.LH.01.01 In laboratory, designated areas for acceptance of samples, preparation prior to analysis, reporting of results after analysis must be arranged in a way that ensures safety of samples and tests.
				SH.LH.02.00	A test guide must be prepared for informing of healthcare workers responsible with out of laboratory processes.	SH.LH.02.01 A guide including general information on tests being performed in laboratory, rules about extraction, transfer, acceptance of samples, test methods, reporting of results and interpretation must be prepared.
				SH.LH.03.00	Check of pre-analysis laboratory processes must be implemented	SH.LH.03.01 Rules and procedures between test request and analysis must be defined.
				SH.LH.02.01		SH.LH.02.02 Guide must be accessible by health care professionals.
				SH.LH.02.02		SH.LH.02.03 Related healthcare staff must be informed about the use of guide.
				SH.LH.03.01		SH.LH.03.02 Rules regarding test requests must be determined and information and guidance provision for related physicians must be ensured.
				SH.LH.03.02		SH.LH.03.03 Training must be provided for related healthcare staff about extraction, transfer, acceptance of samples and pre-analysis preparation.

STANDARDS OF ACCREDITATION IN HEALTH - DIALYSIS CENTER KIT							
ASPECT CODE	ASPECT	CHAPTER CODE	CHAPTER	STANDARD CODE	STANDARD	AC CODE	ASSESSMENT CRITERIA (AC)
SH	Health Services	SH.LH	Laboratory Services	SH.LH.04.00	Check of analytic processes related to laboratory tests must be ensured.	SH.LH.04.01	Rules and procedures between analysis and verification of result must be defined.
				SH.LH.04.02		Rules must be determined for the safe and effective use of devices in laboratory.	
				SH.LH.05.01		Information which is required to be in result reports must be determined.	
				SH.LH.05.02		Reporting of test results timely and accurate must be ensured.	
				SH.LH.05.03	Rules for interpretation of test results and clinical suggestions in reports must be determined.		
				SH.LH.05.04	Process of safe and effective reporting panic/critical values must be defined.		
				SH.LH.05.05	Rules related to preservation and archiving of leftover biological materials, uncompleted analysis samples and reports must be determined.		
				SH.LH.06.01	Records must be kept in regards to ensure traceability of samples and tests in all processes.		
				SH.LH.07.01	Indicators related to performance measurement of laboratory processes must be determined.		
				SH.LH.07.02	Results of indicators must be evaluated, monitored and required improvements must be implemented.		
				SH.LH.06.00	Traceability of the processes related to laboratory tests must be ensured.		
				SH.LH.07.00	Measurement parameters related to performance measurement and improvement of laboratory processes must be determined and monitored.		

STANDARDS OF ACCREDITATION IN HEALTH - DIALYSIS CENTER KIT						
ASPECT CODE	ASPECT	CHAPTER CODE	CHAPTER	STANDARD CODE	STANDARD	ASSESSMENT CRITERIA (AC)
DH	Support Services	DH.OH	Accommodation Services	DH.OH.01.00	All the areas at DC must be clean for the safety and satisfaction of patient, carer and personnel.	DH.OH.01.01 Risk levels must be determined in all the areas of DC to ensure the control of cleaning and infections.
				DH.OH.01.02		Cleaning rules for risk levels must be identified and DC cleaning plan must be developed and put into place.
				DH.OH.02.01		Safe supply and storage of the food must be ensured.
				DH.OH.02.02		Processes regarding preparation of the food under the set conditions must be identified.
				DH.OH.02.03		Food must be served according to the set rules.
				DH.OH.03.01		Processes regarding the delivery of laundry services must be identified.
				DH.OH.03.02		The laundry room must be arranged so as to ensure efficient conduct of service processes.
				DH.OH.03.03		Rules regarding the use of laundry equipment must be determined.
				DH.OH.04.01		All departments providing service must be designed in a way that ensures comfort of the patient.
				DH.OH.04.02		Action must be taken to ensure easy access of the patient to the relevant health personnel.
DH.OH.05.00				Precautions should be taken in DC to ensure safety of life and property of patient/carer and the personnel.		

STANDARDS OF ACCREDITATION IN HEALTH - DIALYSIS CENTER KIT							
ASPECT CODE	ASPECT	CHAPTER CODE	CHAPTER	STANDARD CODE	STANDARD	AC CODE	ASSESSMENT CRITERIA (AC)
DH	Support Services	DH.TY	Facility Management	DH.TY.01.00	A quality facility management structure and process must be established to ensure the quality and safety of dialysis services.	DH.TY.01.01	Responsible for planning and coordinating activities related to facility management must be formed.
						DH.TY.01.02	Risks originating from the facility must be detected and necessary measures must be taken.
						DH.TY.01.03	Continuity and safety of core facility resources must be ensured.
						DH.TY.01.04	Arrangement should be made for the control of pure water produced in the dialysis unit.
						DH.TY.01.05	Issues related to physical conditions and operations must be periodically.
						DH.TY.01.06	There must be arrangements facilitating access to departments inside DC.
						DH.TY.01.07	Measures must be taken to facilitate access to services by patients who are disabled, old or in need of help due to illness.
						DH.TY.01.08	Physical arrangements must be made to ensure the comfort of service users.

STANDARDS OF ACCREDITATION IN HEALTH - DIALYSIS CENTER KIT								
ASPECT CODE	ASPECT	CHAPTER CODE	CHAPTER	STANDARD CODE	STANDARD	AC CODE	ASSESSMENT CRITERIA (AC)	
DH	Support Services	DH.AY	Waste Management	DH.AY.01.00	Safe and effective management of waste produced at DC must be ensured to protect human and environmental health.	DH.AY.01.01	A Waste Management Plan must be prepared.	
						DH.AY.01.02	Waste must be sorted at the source.	
						DH.AY.01.03	Necessary steps must be taken to ensure that waste is transported, temporarily stored and disposed in appropriate conditions.	
		DH.AY.01.04	Personnel involved in waste management must be trained.					
		DH.BY.01.01	Those in charge of carrying out and coordinating activities related to information management must be identified.					
		DH.BY.01.02	The necessary technical and supporting infrastructure must be established for the efficiency of information management.					
	Information Management		DH.BY	Information Management	DH.BY.01.00	A safe and effective information management system must be present at DC .	DH.BY.01.03	Measures must be taken for the security of medical records that are physically stored.
							DH.BY.01.04	Necessary measures must be taken to ensure information security and confidentiality.
							DH.BY.01.05	It must be ensured that the information is timely and continual.
			DH.BY.01.06	Personnel must be trained for effective ensure of information management.				

STANDARDS OF ACCREDITATION IN HEALTH - DIALYSIS CENTER KIT								
ASPECT CODE	ASPECT	CHAPTER CODE	CHAPTER	STANDARD CODE	STANDARD	AC CODE	ASSESSMENT CRITERIA (AC)	
DH		DH.MC	Material and Device Management	DH.MC.01.00	Efficient, effective and safe use of materials and devices must be ensured.	DH.MC.01.01	Those in charge of management of materials and devices must be determined.	
						DH.MC.01.02	Materials and devices must be determined and supplied in accordance with the needs of the institution.	
						DH.MC.01.03	Materials must be conserved in proper conditions.	
						DH.MC.01.04	Necessary physical conditions must be met to ensure that the devices work in proper working conditions.	
						DH.MC.01.05	Personnel must be trained in material and device management.	
						DH.MC.01.06	Necessary maintenance, calibration, adjustments and tests of the devices needed must be conducted.	
						DH.MC.01.07	Rules must be set to ensure safe and effective use of materials and devices, the necessary protective material and information concerning the devices must be available.	
		Support Services	DH.DK	Outsourcing	DH.DK.01.00	The services provided through outsourcing must be in line with the core policies and values of DC and Standards of Accreditation in Health.	DH.DK.01.01	The services to be outsourced must be determined in line with the core policies and values of DC.
							DH.DK.01.02	Scope and process of the outsourced services must be defined.
							DH.DK.01.03	It must be ensured that outsourced services will comply with Health Accreditation Standards

STANDARDS OF ACCREDITATION IN HEALTH - DIALYSIS CENTER KIT						
ASPECT CODE	ASPECT	CHAPTER CODE	CHAPTER	STANDARD CODE	STANDARD	ASSESSMENT CRITERIA (AC)
AD	Emergency Management	AD.AD	Emergency Management	AD.AD.01.00	Measures must be taken against cases like natural disasters or events that necessitate extraordinary response, intervention, first aid or evacuation.	AD.AD.01.01 Risk analyses must be conducted on events that require extraordinary response and intervention, first aid or evacuation and necessary measures must be taken.
						AD.AD.01.02 Planning must be done for preventive measures determined and possible emergencies.
						AD.AD.01.03 Trainings must be provided on emergency management and drills must be conducted.
				AD.AD.02.01	An emergency alert system defined with Code Blue must be formed for timely intervention in cases of respiratory arrest and/or cardiac arrest.	
				AD.AD.02.02	Those in charge of management of the emergency alert system must be determined.	
				AD.AD.02.03	Intervention team/teams must be determined. must be specified.	
AD.AD.02.04	Medicines and equipment to be used in the procedures					
AD.AD.02.05	Records must be kept about interventions performed.					
AD.AD.02.06	Code Blue trainings must be provided and drills must be conducted.					

STANDARDS OF ACCREDITATION IN HEALTH - DIALYSIS CENTER KIT							
ASPECT CODE	ASPECT	CHAPTER CODE	CHAPTER	STANDARD CODE	STANDARD	ASSESSMENT CRITERIA (AC)	
AD	Emergency Management	AD.AD	Emergency Management	AD.AD.03.00	Timely intervention must be ensured in cases where the health professional is exposed to a risk of violence, or an act of violence is directed towards him/her.	AD.AD.03.01	An emergency alert system defined with Code White must be in place for intervention in cases where there is a risk or actual act of violence towards health professionals.
						AD.AD.03.02	Those in charge of the management of the emergency alert system must be determined.
						AD.AD.03.03	Intervention team/teams must be determined.
						AD.AD.03.04	Code White trainings must be provided and drills must be conducted.
				AD.AD.04.01			There must be a fire detection system.
				AD.AD.04.02			Emergency alert system defined with Code Red must be established to respond in time in the case of fire.
				AD.AD.04.03			Those in charge of management of the emergency alert system must be determined.
				AD.AD.04.04			The equipment to be used while responding to fire, rules regarding safe use of this equipment, signs and instructions to be taken into account in the case of fire must be identified.
				AD.AD.04.05			Trainings must be provided on Code Red and drills must be conducted.

Management and Organization



Organizational Structure



Standard 1

Standard Code	Standard	AC Code	Assessment Criteria (AC)
YO.OY01.00	An organisational structure to cover all Dialysis Center activities must be established.	YO.OY01.01	Organisational structure must be defined in a way that covers responsibilities related to governance, financial stewardship.
		YO.OY01.02	All vertical and horizontal relations in the organisational structure, from senior management to subunits, must be defined.
		YO.OY01.03	Within the organisational structure, duties, powers and responsibilities of all units and staff must be defined.
		YO.OY01.04	Responsibilities must be identified for units defined in organisational structure.
		YO.OY01.05	An institutional plan should be established for the activities carried out in line with the organization's aims and objectives.
		YO.OY01.06	Implementation of DC policies, procedures, processes and plans should be provided in all units within the organization structure.

Goal

To identify duties, authorities, responsibilities, liabilities, communication and approval mechanisms, to ensure sustainability in DC functioning, to ensure performance and inspection of the workflow of DC in a defined organizational structure.



Objectives

- » Effectiveness
- » Productivity
- » Efficiency
- » Continuity

Standard Requirements

Establishment of Organisational Structure

Organizational structure of Dialysis Center must be designed in a way that it will lead to the goals and targets defined on the basis of main policy and values. While designing organizational structure in this context, one of or several structure types such as Functional, Sectional or Matrix must be considered by evaluating main elements such as size of DC, service type, target group, other related institutions and their positions, internal and external necessities.

The organizational chart should be defined in one or more documents, illustrating the horizontal and vertical relationships among units from the top to the bottom one.

In the organizational chart, at least following issues must be addressed:

- » Speciality and division of services
- » Responsibilities and relations
- » Rules for authority delegation
- » Coordination and integration points
- » Duties and positions of the employees

Governance

Responsibilities related to governance must be defined including the basic factors listed below:

- » Transparency
- » Accountability
- » Participation
- » Responsiveness
- » Rule of law
- » Efficiency
- » Equality
- » Strategic vision

Responsibilities related to clinical governance must be defined including the basic factors listed below:

- » Clinical efficiency
- » Clinical assessment
- » Risk management
- » Patient and public participation
- » Staff and human resources management
- » Education and training
- » Use of information

Defining Duties, Powers and Responsibilities of Units and Staff

Duties of units and staff included in the organizational scheme must be defined, and their powers and responsibilities must be clarified. Terms of reference must include relations between units as well and must be prepared in such a way that avoids uncertainty and confusion. Authorities and responsibilities assigned to units and individuals must be consistent.

Determining Unit Supervisors

Supervisors must be determined for the positions from the senior management to subunits.

Establishment of the Institutional Plans

An institutional plan should be established for the activities carried out in line with the organization's aims and objectives. The plan should be compatible with and linked to other institutional plans such as human resources, risk, financial plans.

Standard 2

Standard Code	Standard	AC Code	Assessment Criteria (AC)
YO.OY02.00	DC must have all necessary authorisation and permits for all of its activities.	YO.OY02.01	DC must have all necessary authorization and permits related to institutional services and staff working status for all its activities.
		YO.OY02.02	The current and valid status of the necessary authorization and authorization documents for all services and personnel must be reviewed at least once a year and regularly when necessary.

Goal

To ensure effective control and monitoring of healthcare services and support services provided at DC by making sure that these services are delivered only by people and institutions authorized under the national legislation.

Objectives

- » Effectiveness
- » Efficiency
- » Productivity

Standard Requirements

All required authorization and permits described by the national legislation must be determined for all service activities performed by DC.

Within this scope;

- » DC must obtain the required activity permits, licenses, etc at DC level and/or service area level;
- » All activities consisting of traditional, complementary, alternative medicine practices and all other services provided apart from healthcare services (administrative, technical, etc.) must be performed by people authorised (diploma, certificate, specialty certificates, etc.) in the framework of all national health policies, legislation and other legal regulations. This authorization requirement applies to all staff including permanent, temporary, voluntary and casual employees.
- » Authorisation documents issued to the work area of the employees must be verified.

Core Policies and Ethical Values



Standard Code	Standard	AC Code	Assessment Criteria (AC)
YO.PD.01.00	Core policies and ethical values of Dialysis Center must be defined.	YO.PD.01.01	Mission, vision and ethical values of Dialysis Center must be defined in a clear and understandable manner.
		YO.PD.01.02	Dialysis Center must share its mission, vision and ethical values with the public.
		YO.PD.01.03	Corporate goals and objectives must be determined in accordance with mission, vision and values, the objectives of the medical and administrative departments should be compatible with the basic policies and values of the DC.
		YO.PD.01.04	Service planning for achievement of institutional goals and objectives in Dialysis Center must be done by taking environmental and financial factors into account.
		YO.PD.01.05	An efficient budgeting (income/expense budget) must be in place in order to attain goals and objectives set.
		YO.PD.01.06	Dialysis Center must review and assess its institutional resources at regular intervals by taking into consideration plans prepared and budgets drafted with the aim of realising such plans.



Goal

To define principles to guide executives and staff in relation to institution's activities and strategic decisions by determining core policies and ethical values of Dialysis Center.

Objectives

- » Efficiency
- » Effectiveness
- » Productivity

Standard Requirements

Determining Mission, Vision and Ethical Values

- » Mission and vision of institution must be determined based on information obtained with analysis of internal and external environmental conditions, and conditions that Dialysis Center intends to attain.
- » Dialysis Center must determine ethical values which include principles and rules that will lead all its activities. Issues such as ethical principles and rules of conduct, principles which highlight the focus on patient and staff, can be addressed within the scope of Dialysis Center ethical values.
- » Dialysis Center must pay attention to ensure that its core policies and ethical values are compatible with minimum ethical values of its staff and service receivers.

Sharing Core policies and ethical values with the Public

- » Mission, vision and ethical values of Dialysis Center must be shared by the institution with the public periodically by using various communication tools (website, boards, promotion activities, etc.).

Determining Goals and Objectives

- » Dialysis Center must determine its goals and objectives on the basis of core policies and ethical values.
 - » The objectives of the medical and administrative departments should be in line with the objectives of the institution.
- » Determined goals and objectives must be taken as basis for planning and implementing Dialysis Center activities.

Service Planning

Determined goals and objectives must be taken as basis for planning Dialysis Center activities.

During planning, internal factors (human resources, financial status, size, diversity of services, structural conditions, etc.), external factors (legal environment, corporate relations, public health structure, suppliers, competitors, etc.), features and feedbacks of service users, employees and society must be taken into account.



Quality Management Structure

Standard Code	Standard	AC Code	Assessment Criteria (AC)
YO.KY.01.00	Planning, implementation, coordination and continuity of quality improvement activities must be ensured.	YO.KY01.01	A management structure must be established in order to ensure planning, implementation, coordination and continuity of quality improvement activities.
		YO.KY01.02	The duties, powers and responsibilities of those involved in the management structure must be defined.
		YO.KY01.03	The managerial structure should ensure the planning, execution and coordination of quality improvement activities.
		YO.KY01.04	Responsible employees must be determined regarding at least the following topics: » Employee safety » Patient safety » Training » Facility management » Prevention of infections

Goal

To establish a quality management structure by defining the roles and responsibilities of all the staff from senior management to unit employees at Dialysis Center in quality improvement activities; to ensure that quality is continuously improved through the planning, implementation and coordination of quality improvement activities within this structure.



Objectives

- » Efficiency
- » Effectiveness
- » Productivity
- » Continuity

Standard Requirements

Management Structure Related to Quality

- » An management structure must be established within Dialysis Center to ensure planning, implementation, coordination and continuity of quality improvement activities.
- » The duties, authorities and responsibilities of people involved in the management structure, and the vertical and horizontal relations of this structure must be defined.
- » Quality supervisors to work in coordination with this management structure must be determined on the basis of units and/or processes;
 - The Planning, Execution and Coordination of Quality Improvement Activities
- » Within the framework of Standards of Accreditation in Health, at least the following activities must be carried out to ensure planning, implementation and coordination of quality improvement activities:
 - Ensuring planning and implementation of measurement, assessment, improvement and monitoring activities
 - ✓ Defining and implementing processes related to self-assessment (at least twice a year to cover all processes and sections)
 - ✓ Defining and implementing the scope and processes concerning patient/employee satisfaction surveys
 - ✓ Defining and implementing processes with the aim of obtaining patient/staff's opinions and suggestions
 - ✓ Monitoring performance related to quality improvement activities through indicators; planning and monitoring of activities aiming at the use of results obtained from such study for the purpose of improvement
 - ✓ Monitoring the results of the external evaluations carried out within Dialysis Center, defining and implementing processes so that the results can be used for the benefit of the institution.

- Defining documentation processes related to quality activities, setting a documentation system, and ensuring its implementation within the rules required by the system.

Determining Responsible Staff Regarding Quality Studies

- » Within the scope of SAS Dialysis Center, responsible staff must be determined in relation to at least following issues:
 - Employee Safety
 - Patient Safety
 - Training
 - Facility Management
 - Control and Prevention of Infections
- » Processes must be defined in order to ensure the cooperation and coordination of responsible employees with each other.

Document Management



Standard Code	Standard	AC Code	Assessment Criteria (AC)
YO.DY01.00	Management of documents at Dialysis Center must be ensured.	YO.DY01.01	Policies, procedures, processes and plans related to all main functions covered by the SAS Dialysis Center must be documented.
		YO.DY01.02	Format of documents must be determined.
		YO.DY01.03	Preparation, check, approval, up-to-datedness and storage of documents must be ensured.
		YO.DY01.04	Rules to convey documents to relevant people must be set.
		YO.DY01.05	Process related to monitoring of external documents to be followed by Dialysis Center must be defined.

Goal

To manage quality activities efficiently by planning and putting into writing practice-related procedures and by conducting practices in line with written rules



Objectives

- » Efficiency
- » Effectiveness

Standard Requirements

Establishment of Document Management System

- » Processes related to management of documents and rules related to operation of these processes must be defined:
- » Definition must entail at least following processes:
 - Determining the documents to be prepared
 - Determining the format of the document
 - Documents':
 - ✓ Preparation
 - ✓ Check and approval
 - ✓ Conveying to relevant people
 - ✓ Storage
 - ✓ Revision
 - ✓ Archiving and disposal
 - External document tracking

Determining documents to be prepared

- Documents to be prepared must be determined taking into consideration
- » Standards of Accreditation in Health, Dialysis Center size, areas of service provision and processes.

- Policies, procedures, processes and plans related to all main functions of
- » Dialysis Center must be documented.

- Types of documents which can be prepared in line with SAS Dialysis Center are as follows:
- »

- Procedure
- Instruction
- Guideline
- Form
- Plan
- Consent
- List

- Support documents:
 - ✓ Policy
 - ✓ Protocol
 - ✓ Objectives
 - ✓ Duty-Authority-Responsibility
 - ✓ Clinical Guidelines
 - ✓ Work flow
 - ✓ Medicine Disposal Record
 - ✓ Meeting Minutes

Determining the Format of the Document

- » All documents must include at least the following information:
 - ✓ Document name
 - ✓ Document code
 - ✓ Publication date
 - ✓ Revision date
 - ✓ Revision number
 - ✓ Page number/number of pages
 - ✓ Prepared By – Checked By – Approved By details
- » In original copy of documents, position, title and sign(s) of individual(s) must be indicated in the section Prepared by – Checked by – Approved by.

Preparing Documents

- » Documents must be prepared must be determined taking into consideration Standards of Accreditation in Health, DC size, areas of service provision and processes.
- » Document must be prepared by relevant unit/committee/team members.
- » Documents must be easy to understand, include concise information and must be clear.

Check and Approval of Documents

- » Documents must be checked by the quality management unit and must be approved by the senior management.

Conveying Documents to Relevant People

- » It must be ensured that the up-to-date versions of the documents are shared with relevant staff effectively.
- » Necessary training must be provided for relevant staff on the documents prepared.

- » Unless required, display of documents on boards must be avoided. Attention must be paid in order to ensure that documents displayed do not cause visual pollution.

Storage of Documents

All original documents with wet signs must be stored in line with a systematic archiving plan and necessary measures must be taken to keep contents of documents readable.

- » Documents in the form of records related to actions taken in line with SAS Dialysis Center (corrective/preventive activity forms, minutes of meeting, etc.) must also be kept.

Revision of Documents

- » Whenever there is a change in any of the processes of Dialysis Center, revision must be made immediately.
- » During revision, all rules to be followed in the initial preparation of the document must be observed. Following the management approval, the revised document must be published, it must be conveyed to relevant people, and the revised document must be explained to relevant people within the scope of a training.
- » Revision date and revision number must be indicated on the document revised. In the first publication of the document, revision number must be (0) and revision date must be kept blank. Old versions of documents must be archived in order to track revisions.
- » A list of all documents used in Dialysis Center must be kept and the list must enable the tracking of revisions as well. Document list must include following information:
 - Document Name
 - Document Code
 - Publication Date
 - Revision Dates
 - Revision Number

External Document Tracking

Tracking and up-to-datedness of external documents must be ensured through a method determined by Dialysis Center. Dialysis Center must identify supervisors in charge of the tracking of external documents.

Archiving and Disposal of Documents

Rules for archiving and destruction of documents should be specified.

Adverse Event Reporting System



Standard Code	Standard	AC Code	Assessment Criteria (AC)
YO.OB.01.00	Reporting of adverse events that may (near miss) or does (adverse) affect the safety of patients and staff negatively must be ensured, and necessary measures must be taken.	YO.OB.01.01	A system must be established in order to report adverse events that may or does affect the safety of patients and staff negatively.
		YO.OB.01.02	Case specific analysis must be conducted, and actions must be taken if necessary.

Goal

To ensure that adverse events related to patient and staff safety with a potential to occur (near misses) or occur in Dialysis Center are reported; to monitor them and to take necessary measures against events as a result of reports.

Objectives

- » Patient Safety
- » Healthy Working Life

Standard Requirements

Adverse Event Reporting System

- » A reporting system must be established in order to analyze events to take necessary measures and to prevent the repetition of errors by ensuring the reporting of events that may or does harm employees and patients at Dialysis Center or have been noticed before the occurrence of harm.



- » Under the scope of the adverse event reporting system, notification, analysis, reporting processes and steps regarding functioning of each process must be defined and supervisors in charge of these processes must be identified.
- » Adverse Event Reporting System must consist of two modules:
 - Patient Safety Module (Issues threatening the safety of carers and visitors must be notified in this model as well)
 - Staff Safety Module

For the purpose of increasing efficiency and use of the system, cultivating a reporting culture at dialysis center, learning lessons from events, developing learning process and devising solutions and encouraging the implementation of solutions; the system must be:

- Designed in a way that makes the staff feel safe, provide information such as name and location when needed,
- Based on voluntary reporting
- Accessible
- Easy to use
- Simple and easy to understand
- » Patient safety module must be based on privacy. This module must be designed to collect at least the following information:
 - Subject of the event
 - Narration of the event
 - Comments and suggestions related to event »

Analysis and Improvements

- » Notifications to the Adverse Event Reporting System must be analyzed on a case-by-case basis, improvement activities must be planned and implemented after analysis.
- » General analysis of notifications to the system must be repeated regularly, reported and evaluated. According to evaluation as a result of general analysis, necessity of unit- or process-based improvement activities must be determined.
- » All staff members must be informed about the importance of notification for patient and staff safety, how to do it and improvement activities carried out as a result of notifications.

Risk Management



Standard Code	Standard	AC Code	Assessment Criteria (AC)
YO.RY.01.00	Risks related to Dialysis Center and services provided must be managed.	YO.RY.01.01	There must be a regulation related to managing the risks that may occur in an DC.
		YO.RY.01.02	A risk management plan must be prepared in order to manage risks related to Dialysis Center and services provided.
		YO.RY.01.03	Risk management plan must entail the following issues: » Patients » Relatives » Carers » Visitors » Staff » Facility safety » Environmental safety » Administrative and financial processes » Strategic risks » Communication processes with stakeholders
		YO.RY.01.04	Risks to be addressed within the scope of risk management must be determined, analysed and risk levels must be identified.
		YO.RY.01.05	Necessary measures must be adopted in line with the according to the risk level identified, and actions must be taken for improvement.
		YO.RY.01.06	Risks identified and effectiveness of improvement actions must be reviewed periodically.



Standard Code	Standard	AC Code	Assessment Criteria (AC)
		YO.RY.01.07	Indicators for monitoring the effectiveness of risk management must be determined and monitored.

Goal

To prevent or minimize risks related to Dialysis Center and services provided within the scope of patient, staff, facility safety and environmental safety and administrative/financial processes.

Objectives

- » Patient Safety
- » Healthy Working Life
- » Efficiency
- » Effectiveness

Standard Requirements

Scope of the Risk Management

Risk management must cover patient, employee, facility and environmental safety including administrative and financial processes.

Risk management must include all physical, chemical, biological, ergonomic, psychosocial factor and service based risks that may be faced in an DC.

Policies, processes and methods regarding risk management must be defined in relevant documents.

In risk management procedure, at least the following terms must be defined:

- » Goals and objectives
- » Scope
- » Risk management method
- » Obtaining opinions of the relevant employees
- » Reporting of the defined risks
- » Analysis of the defined risks, risk level detection and keeping records
- » Management of processes regarding required improvement actions

Risk Management Plan

Risk management plan aims reviewing and observation of the risks.

The plan must cover at least the following topics:

- » Process, action or factor in which the risk is evaluated
- » Detected risks relevant to processes, actions or factors mentioned at the previous article
- » Designated risk levels
- » Precautions against the risks
- » Responsible staff
- » Designated time period for precautions

All defined risks must be registered in scope of the risk management plan.

Risk record is a live document which needs to be updated regularly.

Identification and Analysis of Risks

- » Taking into consideration the risk management scope, risks must be identified on the basis of unit, person and/or process.
- » Clinical risk evaluations must be conducted to protect patients against adverse results (risk of allergy, fall risks, risks arising from devices, etc.).
- » Risks must be analysed in line with the method determined by the institution.
- » Risk analysis method must be simple and easy to understand and implement.
- » Risk levels must be rated in at least three categories (Low, medium, high) considering the possibility to occur and potential effects.

Improvement Actions

- » According to identified risk levels, measures must be adopted on the basis of unit, person and/or process, and improvement actions must be taken.

Monitoring the Effectiveness of Risk Management

- » Risks identified within the framework of risk management and effectiveness of improvement actions must be reviewed periodically.
- » Indicators for monitoring the effectiveness of risk management must be determined and monitored.
- » Sustainability of measures taken must be ensured to achieve effectiveness in risk management effectiveness.
- » Risk analysis must be updated periodically (at least once a year) or when necessary.



Training Management

Standard Code	Standard	AC Code	Assessment Criteria (AC)
Y0.EY.01.00	In accordance with quality improvement activities, training needs of patients, carers and staff must be determined, and it must be ensured that necessary training is conducted effectively.	Y0.EY.01.01	Responsibles in charge of the planning and coordination of training activities must be determined.
		Y0.EY.01.02	Training needs must be identified on the basis of patients, carers and staff.
		Y0.EY.01.03	Training plans must be prepared and implemented in line with training needs.
		Y0.EY.01.04	Effectiveness of training plans and trainings carried out must be monitored and necessary improvement actions must be taken.

Goal

To deliver necessary trainings to patient/carer and staff efficiently and effectively in line with quality improvement activities of DC.

Objectives

- » Efficiency
- » Continuity
- » Productivity
- » Effectiveness
- » Relevance



Standard Requirements

Training Management

- » Responsibilities must be determined in order to manage the decision, planning, coordination, communication and evaluation procedures so as to implement effectively and efficiently the necessary trainings which must be provided for quality improvement at DC.
- » Responsibilities must determine processes related to trainings and rules concerning the operation of procedures. Within this scope, the minimum processes which must be handled are as follows:
 - Identifying training needs
 - Preparing training plans
 - Implementing the training activities planned
 - Monitoring the effectiveness of training plan and trainings conducted and improving them
- » Training responsibilities must collaborate with other units and responsibilities which operate under the scope of quality management.

Identifying Training Needs

- » In line with the objectives of quality improvement, it must be identified who needs training on which subjects, at what level and scope. While identifying subjects and scope for training needs, the following must be assessed:
 - The results of performance evaluation within the scope of quality improvement within DC (self-evaluation, data derived from the indicators, etc.)
 - Efficiency evaluation results of previous trainings,
 - Feedback, requests and observations related to training activities.
- » Training subjects must be categorised at least by hierarchical level, occupational group, specific to department and general. It must be identified which training will be delivered to which occupational group and through use of which content. Training subjects must cover at least the following general headings:
 - Quality management trainings
 - Patients' rights training for staff
 - Patient and staff safety training for staff

- Risk management training for staff
- Trainings for patients
- Staff compliance trainings
- Device trainings
- Speciality trainings
- Trainings on new scientific advances
- Trainings for social purposes
- Self-development trainings

Planning and Implementation of Trainings

- » Training plans must be developed to regulate processes of preparing content for trainings, determining methods and implementation and evaluation procedures in a systematic manner.
- » Training plans must be developed as short-, medium- and long-term plans considering the nature of training need, priority of objectives to be achieved through training, time needed to achieve objectives, institutional policy of DC and targets and objectives of change process.
- » Training plans must include at least the following:
 - Training goals and objectives
 - When, to whom and by whom the training will be delivered
 - Training method
 - Training stages if any (basic training, advanced training, theoretical and practical training, etc.)
 - Training location
 - Duration of training
 - General headings concerning the content of training
 - Materials needed for training
 - Methods to evaluate training
- » Trainings must be implemented in line with plans.
- » Guidelines for general and department orientation training must be prepared and it must be ensured that orientation training is delivered right after a new recruitment is made.

- » During the training period, in cases such as arise of a need for a training unforeseen in the plan, a change training content or training method, training plan must be revised in a way that it can be traced back. It must be ensured that staff have access to training materials and resources considered to be appropriate for sharing by training responsables.

Evaluation of Training

- » Compliance with training plan prepared must be monitored, and measures must be taken to enhance compliance with the plan.
- » Efficacy and effectiveness of training programs implemented must be evaluated on the basis of goals and objectives set.
- » Evaluation must also cover trainer's performance.
- » Some of the methods that can be used to evaluate the effectiveness and efficiency of training programs implemented are listed below:
 - Pre- and post-test
 - Self-assessments
 - Observations
 - Interviews with participants
 - Evaluations with unit supervisors
 - Questionnaires
 - Measurement methods to measure training-induced change in behaviour (such as accepted scales)



Social Responsibility

Standard Code	Standard	AC Code	Assessment Criteria (AC)
YO.SS.01.00	DC, must organize programs for promoting and improving health by taking health structure and general health problems of the society into account.	YO.SS.01.01	DC, must organize programmes promoting and improving health, in line with the health structure of the region and population it serves, taking into consideration service quality, within the context of national and global health problems.

Goal

To ensure that within the frame of social responsibility, DC provides services that promote and improve health and increase the health level of the society that it provides healthcare services for

Objectives

- » Patient-Orientedness
- » Equity
- » Continuity
- » Relevance
- » Effectiveness



Standard Requirements

- » DC must investigate health problems of the region and population to which it provides healthcare services and national and global health problems. Within this scope, the following must be assessed to identify the current situation:
 - Demographic data such as population, age, sex, education level
 - Health statistics including morbidity and epidemiologic data
 - Clothes, food, cultural and physical activities and social and cultural structure
- » Based on the current situation analysis, health promotion and improvement activities for the target population must be planned under the scope of a programme. DC must develop at least one programme within this scope.
- » Results of the programme must be evaluated by DC, and how effective the programme is and to what extent it has achieved objectives set must be determined.
- » Assessment and effectiveness of the programme must be identified through analysis of the main data at the basis of the programme and the change in information over time, depending on whether the programme is short-, medium- or long-term.
- » Improvements must be made and sustainability must be ensured in the programme activities to attain the programme targets in line with assessment results.

Programs to be developed in line with the standard can be organized around the topics listed below or around similar topics:

- » Fighting smoking
- » Increasing awareness and knowledge of kidney health in society
- » Training and preventive activities to fight chronic diseases
- » Healthy diet for a healthy life
- » Promoting sports among youth for a healthy life
- » Cooperation with local administrations in order to fight regional agents threatening community health
- » Cooperation and information about tissue and organ transplantation
- » Dialysis practices for elderly and disabled patients
- » Dialysis practices for chemotherapy and radiotherapy patients
- » etc.



Institutional Communication

Standard Code	Standard	AC Code	Assessment Criteria (AC)
YO.KI.01.00	Institutional communication activities must be carried out effectively.	YO.KI.01.01	Under the scope of institutional communication, target audience must be identified by taking Dialysis Center structure, core policies and values into account and communication strategies for target audience must be determined.
		YO.KI.01.02	Target audience must be informed about Dialysis Center activities and their organisation.
		YO.KI.01.03	Necessary actions must be taken to create a positive opinion among target audience.

Goal

To create public opinion based on positive attitude, behaviour towards and trust in **Dialysis Center** and its activities, to ensure that policies and activities of **Dialysis Center** are adopted by establishing permanent good relations with its target audience and to improve the effectiveness and quality of services through the feedbacks of target audience.

Objectives

- » Patient-Orientedness
- » Effectiveness
- » Equity
- » Continuity



Standard Requirements

Identifying Target Audience and Communication Strategy

- » Target audience means internal and external communication stakeholders of the hospital. (Institution employees, patient/patient relatives, suppliers, other governmental institutions, private institutions etc.)
- » Under the scope of institutional communication, target audience must be identified by taking institution type, size, patient profile, regional features, people and institutions communicated and main policies and values, and communication strategies for target audience must be defined.
- » Target audience must be identified by taking internal and external communication stakeholders into account.
- » Within the framework of communication strategy, communication rules must be established for target audience within Dialysis Center. Within this scope at least the following issues must be addressed:
 - Information and decision flow among units and elements of Dialysis Center
 - Information and decision flow in evaluation and inspection functions
 - Communication during training and information activities
 - Communication during activities aiming at enhancing motivation and taking ownership of institutional identity
- » Communication rules regarding target audience outside Dialysis Center must be determined. These rules must consist of following rules at least:
 - Informing external stakeholders such as patient/patient relatives, suppliers, other governmental institutions on services provided
 - Communication between staff and patient/relatives
 - Informing service buyers during diagnosis and treatment processes

Informing Target Audience

- » Information activities specific to target audience identified must be conducted
- » Activities must be done regarding on-line representation and promotion of the institution. Institutional website must be managed effectively, The website should include adequate and actual information, also should be made easy to use, accessible and available. Target audience must be informed about at least the following issues:

- Core policies and values
 - Organisational structure
 - Service areas
 - Activities carried out under the scope of social responsibility
 - Human resources
 - Public relations activities
 - How to make an appointment
 - Communication and travel
 - Access to service within Dialysis Center
- » Since the staff at Dialysis Center are important representatives for institutional communication they must be trained about the subject.

Creating Positive Public Opinion

In order to create positive public opinion in the target audience, first of all, information activities towards society about services provided and activities carried out must be conducted in line with needs and expectations of target audience.

While these activities can be conducted through information tools, it must be ensured that staff communicates effectively with patients and carers during service provision and senior management represents Dialysis Center effectively outside and establishes good relations.

Monitoring Institutional Communication and Perception

Questionnaires about performance of institutional communication activities and in order to measure perception of current identity and image of Dialysis Center in the target audience must be conducted regularly, the results must be evaluated, and necessary actions must be taken to improve institutional communication strategies.

Performance Measurement and Quality Improvement



Monitoring of Indicators



Standard Code	Standard	AC Code	Assessment Criteria (AC)
PÖ.GI.01.00	Institutional indicators must be monitored and evaluated in order to continuously improve processes related to service delivery, led by administrative, financial and medical steps.	PÖ.GI.01.01	Indicators must be determined to include processes concerning service delivery, primarily administrative, financial and medical steps.
		PÖ.GI.01.02	Indicator cards must be created to cover issues related determination, collection, evaluation and monitoring of data to be used for indicators.
		PÖ.GI.01.03	Monitoring, evaluating and reporting of indicators must be carried out through information management systems.
		PÖ.GI.01.04	Necessary improvements must be made taking into consideration the analysis results for the indicators.
		PÖ.GI.01.05	The results of the SAS indicators must be submitted to the SAS Indicator Data System.

Goal

To detect and correct potential problems related to service delivery, primarily administrative, financial and medical processes, and ensure that interventions are carried out to improve quality

Objectives

Objectives vary according to the features of indicators.

Standard Requirements

Identifying Indicators

- » **Institutional indicators must be monitored and evaluated** in DC concerning processes related to service delivery in order to improve quality continuously, primarily administrative, financial and medical steps.
- » In order to continually improve the processes for service delivery, the SAS indicators which has to be monitored according to the type of institution service and patient profile should be determined.

Indicator Cards

Indicator cards must be prepared for indicators identified. Indicator cards should include at least the following information:

- » A short description of the indicator
- » Reason for monitoring
- » Linked process
- » Calculation method/formula
- » Target value
- » Data source
- » Data collection period
- » Data analysis period
- » Supervisors for collecting, monitoring, evaluating and analysing data related to indicator
- » People to share the results with
- » Points of attention concerning indicator

Information Management System Infrastructure for Indicator Management

Necessary information management system infrastructure must be established in the purpose of indicators' data collection, monitoring and evaluation of results; and must be used effectively.

Collection and Analysis of Data and Improvements

It must be ensured that relevant staff members be involved in the data collection and analysis processes.

Based on analysis concerning indicators, required corrective and preventive actions must be planned and implemented.

SAS Indicator Data System

Results of determined indicators at SAS Indicators List must be Submitted to the SAS Indicator Data System.

Healthy Working Life



Human Resources Management



Standard 1

Standard Code	Standard	AC Code	Assessment Criteria (AC)
SÇ.IK.01.00	A management structure that will fulfill the requirements concerning planning of human resources, improvement of work life and the personnel must be established.	SÇ.IK.01.01	The relation of the management structure with other management levels must be identified.
		SÇ.IK.01.02	Duties, authorities and responsibilities of those in the management structure and the qualifications they must have must be identified.
		SÇ.IK.01.03	Annual goals and work plans must be developed.
		SÇ.IK.01.04	Feedback processes aimed at determining satisfaction levels and comments and suggestions of the personnel regarding their work life must be identified.

Goal

To define a management structure that will perform activities such as assignment, coordination and assessment regarding necessary processes for the establishment of a healthy working life.



Standard Requirements

Management Structure and Its Relation with Senior Management

- » A management structure that will perform all activity planning and coordination such as employment, orientation, improvement of and support to the personnel, providing the personnel with physical and social opportunities, minimizing safety risks that threaten employees and increasing motivation must be established at DC.
- » Management relations such as where the new management structure will be in the hierarchy of DC management or to whom it will be responsible, which powers it will have, who will be in this structure and who will be responsible to this structure must be defined.

Duties, Authorities and Responsibilities

- » Terms of reference must be prepared for people to be involved in management structure, and their responsibilities and authorities must be identified.
- » Which qualifications employees involved in the structure must have must be defined in order to carry out all necessary duties and responsibilities.

Targets and Planning

- » Newly formed management structure must define annual targets in order to ensure a healthy work life. Key factors such as which activities will be carried out, which measures will be taken and how much budget will be needed in order to reach the targets must be planned.

Comments and Suggestions from the Staff

- » A system identifying in which scope and through which mechanisms feedback will be received from the staff in order to detect the needs and expectations of the staff and to ensure that they participate in the decision mechanisms.
- » Activities towards identifying the needs and expectations of the staff must meet at least the following requirements:
 - Regularly conducted satisfaction questionnaires
 - Personal and face-to-face interviews with the staff
 - Taking comments and suggestions from the staff

Standard 2

Standard Code	Standard	AC Code	Assessment Criteria (AC)
SÇ.IK.02.00	The requirements necessary to constantly improve recruitment and compliance processes of the personnel and their work life must be determined and fulfilled.	SÇ.IK.02.01	A personnel recruitment plan must be developed in line with human resources needs of DC.
		SÇ.IK.02.02	Personnel recruitment processes must be identified.
		SÇ.IK.02.03	Processes regarding ensuring the adaptation of the newly recruited personnel to DC must be identified.
		SÇ.IK.02.04	Duties, authorities, responsibilities of the personnel and the qualifications they should have and the performance criteria their job requires must be determined.
		SÇ.IK.02.05	Performance of the personnel must be measured, training needs must be determined to enhance the performance and necessary trainings must be provided.
		SÇ.IK.02.06	How and to what extent the current standards, protocols and evidence-based clinical guidelines accepted by DC are used by the personnel must be monitored and trainings aimed at ensuring the use of these standards and guidelines efficiently must be identified.

Goal

To ensure that needs regarding continuous improving of work life and the processes of recruitment and adaptation of staff are identified and met***

Standard Requirements

Recruitment of Staff

- » DC must define in which service area and staff with which qualifications is needed, must determine the feasibility of recruitment and must plan main processes such as recruitment and training in advance.
- » In recruitment plan, the number and the quality of staff needed (training, knowledge, skills, etc.) must be included considering different disciplines and professional groups that will be able to meet needs concerning services to be provided.
- » Need for staff must be regularly reviewed by preparing terms of references on the basis of departments and processes, and human resources must be planned by taking legal regulations into account. Measures must be taken regarding how recruitment will be made and which qualifications new staff must have and how many people will be recruited.
- » Which documents and information is needed in the process of application and recruitment and steps regarding evaluation and approval process must be defined.
- » DC must inform new recruits about from which facilities of the DC they can benefit, opportunities provided and employee rights.

Recruitment Processes

- » Recruitment processes in DC must be described, and how staff planned to be recruited for previously defined tasks in the departments in need must be defined. Principles and processes regarding recruitment processes must be announced.

Adaptation of Staff

- » DC must define the processes that will enable new staff, recruited for the position opened in line with the needs, to adapt to the new working environment quickly and accurately. All kind of information such as main and professional rules, basic working principles, elements that may threaten personnel health and safety, hierarchical order and all facilities that may be used by the personnel must be provided to the personnel during recruitment and later regularly.
- » Adaptation of staff to job and work environment must be assessed, and if needed, activities towards adaptation must be repeated.

Duties, Powers, Responsibilities and Performance Criteria

- » Duties, powers and responsibilities of staff that is working or planned to be

recruited must be identified in line with service processes in a way that they will encompass previously defined duties and responsibilities.

- » Performance criteria defined as the performance of the duties by staff successfully must be identified, and staff should be informed about the criteria.
- » Performance of staff must be measured on the basis of performance criteria set by DC.
- » In order to increase the employee performance, it must be determined which trainings will be provided and what their scope will be in line with the qualifications and needs of staff and required planning in relation to training must be done. Objectives of the trainings that will be provided within this scope must be defined in advance and it must be assessed after trainings whether the objectives set have been attained.
- » Only trained and authorized staff must use specific and medical devices and in the training plans, the need for training on such issues must be taken into account.
- » How and to what extent the current standards, protocols and evidence based clinic guidelines accepted by DC are used must be monitored and trainings must be planned in order to ensure effective utilization of the standard and guidelines.



Employee Health and Safety

Standard Code	Standard	AC Code	Assessment Criteria (AC)
SÇ.ÇG.01.00	Factors threatening the health and safety of employees should be identified and necessary precautions should be taken to establish a healthy and safe working environment.	SÇ.ÇG.01.01	Responsibles aimed at management of the factors that threaten employee health and safety must be determined.
		SÇ.ÇG.01.02	Risk analyses must be conducted on the factors that threaten employee health and safety and measures must be taken to eliminate or decrease the risks that threaten the safety.
		SÇ.ÇG.01.03	It must be ensured that employees use the personal protective equipment against the risks.
		SÇ.ÇG.01.04	Quality improvement activities that aim to ensure the continuity of employee safety must be planned.
		SÇ.ÇG.01.05	Physical and social opportunities that are necessary to improve the work environments and the work life must be provided and personal needs of the employee regarding work life must be met.

Goal

To establish healthy work life environment in DC by removing or minimizing the elements that threaten the safety of staff.



Standard Requirements

Responsibles of Personnel Health and Safety

- » Responsibles must be establish to detect threats that exist or may exist against the DC personnel and to take measures against those threats. Responsibles must be determined in line with the size of DC and risks posed by safety threats with the aim of ensuring the performance of activities effectively, continuously and systematically and achieving coordination.

Risk Analyses

- » First of all, assessment must be performed by identifying the risk factors that threaten the safety in terms of employee safety within DC and again by identifying their risk levels. After identifying risk factors, necessary action must be undertaken in order to remove or minimize the detected threats according to their priorities
- » In order to secure personnel health and safety at DC, at least the following issues must be addressed:
 - Developing management policies in relation to health and safety of personnel
 - Preventing infections
 - Planning and implementation of health screenings
 - Food safety
 - Lighting
 - Falls prevention
 - Managing facility-borne risks
 - Reducing needle stick injuries.
 - Ergonomic factors
 - Preventing violence against healthcare staff and responding to violence as soon as possible
 - Preventing mobbing among staff
 - Managing wastes threatening the safety of personnel
 - Immunization
 - Reducing unnecessary workload
 - Stress management

- » At DC, action must be taken in order to ensure that medical, psychological and other counseling and support services are always available for the staff.
- » It must be ensured that near misses and adverse events which threaten employee safety are reported in order to treat staff with occupational disease and injuries.

Personal Protective Equipment

- » Which personal safety equipment will be used in which departments must be defined and measures must be taken in order to ensure the use of these equipments.
- » It is required that sufficient number of personal safety equipment having protective qualities is made available in designated working areas and trainings are organized for the employees about the operation of such equipment.

Quality Improvement

In order to secure personnel health and safety, DCs must plan and implement quality improvement activities in order to remove or avoid the elements that pose risks.

Improving Working Environment

- » Improvement plans on issues such as physical environments of the personnel, materials and devices they use, chemical, physical and biological materials and working methods must be planned by taking personnel expectations into account.
- » Achieving harmony between duties and employees' physical and mental capacities
- » In order to reach an adequate level of health and safety; activities and trainings in order to encourage employees' professional improvement or motivation, to achieve communication of employees between units and departments and to ensure collaboration and dialogue effectively must be planned and implemented
- » Arrangements must be made at DC for disabled and sick staff.
- » It must be ensured that facilities offered to staff are easily accessible, practical and employee-oriented.

Patient Experience



Basic Patient Rights



Standard Code	Standard	AC Code	Assessment Criteria (AC)
HD.HH.01.00	The services provided in DC must be organized in such a way as to protect patient and carer rights.	HD.HH.01.01	An executive structure aimed at protecting, exercising and improving the rights of patients and carers must be established.
		HD.HH.01.02	DC which offers all services and access to these services with information about the quality of these services should be declared.
		HD.HH.01.03	Patient and/or carers must be informed about the services related to dialysis services, patient rights and patient responsibilities.
		HD.HH.01.04	During the health care process, consideration must be given to the choices and preferences of the patient.
		HD.HH.01.05	Activities must be planned in all service processes for the patient to be respected and to receive meticulous service.
		HD.HH.01.06	The patient must be informed prior to any medical intervention planned and his/her consent must be obtained and documented.
		HD.HH.01.07	Patients must be able to examine the medical documents about themselves and receive a copy if requested.
		HD.HH.01.08	Arrangements must be made for the spiritual and cultural needs of the patient. All measures necessary must be taken to ensure patient privacy.



Standard Code	Standard	AC Code	Assessment Criteria (AC)
		HD.HH.01.09	All measures necessary must be taken to ensure patient privacy.
		HD.HH.01.10	Arrangements must be made for receiving, investigating and resolving complaints of patients and their relatives.
		HD.HH.01.11	Patient's consent must be obtained if the patient is to take part in a research or experiment, or if the information, data or materials about the patient are to be used in any way.
		HD.HH.01.12	Processes aimed at informing the patient or carer if unintended events that negatively affect the patient safety occur must be identified.

Goal

To ensure that the rights of patients and carers are under guarantee in the delivery of services provided by the DC and that services are processes are arranged with this target in mind.

Objectives

- » Patient-Orientedness
- » Relevance
- » Continuity
- » Equity
- » Timeliness

Standard Requirements

Management Structure

» A management structure must be established for the protection, exercise and improvement of the rights of patients and carers.

Information about Services and Patients Rights

Patient and/or caretaker must be informed about patient rights. This information must include the following topics:

- » Privacy
- » Esteem and being respected

- » Confidentiality of patient information
- » Patient safety and security
- » Informative actions about health services which will be provided and consent of the patient
- » Right to decline the treatment
- » DC should declare information about all services it provides and access to and quality of these services.
- » Patients and/or carers should be informed about diagnosis, treatment, care services which can be provided, responsibilities of the patient and additional services.
- » In case adverse events that affect patient's safety negatively occur, processes in relation to informing the patient or his/her carer must be defined.

Choices and Preferences of Patients

- » During the health care process, consideration must be given to the choices and preferences of the patient, such as selecting the physician and accepting treatment or refusing treatment.

Patient's Consent

Patient must be informed verbally by using a simple and understandable language before any planned medical intervention (dialysis process, intravenous catheterization).

- » For a continuous process such as hemodialysis duplications taken once is sufficient.

Before any medical intervention, patients must be informed about the operation by the person who will perform the operation, and a written consent must be taken from patient and it must be approved. This written consent must include minimum following information:

- Name of the person to perform the procedure
 - Expected benefits of the procedure
 - Results likely to be encountered if the procedure is not performed
 - If any, alternatives to the procedure
 - Risks and complications of the procedure
 - Estimated length of the procedure
 - Name, surname and signature of the patient
 - Name, surname, title and signature of the person to perform the procedure
 - Date and time when the consent was taken
- » Required measures must be taken to inform the disabled and to take their consent considering their condition (Patient's Rights Regulation).

Access to Medical Documents

It must be ensured that patients have access to and take a copy of applied procedures, analyses or all the documents entailing private information about themselves both while receiving and after receiving the service. A policy needs to be determined for sharing of above-mentioned patient records with nonpatients.

Spiritual/Cultural Needs

DC must ensure that patients receive service in accordance with their cultural and spiritual values. The staff should be informed about the related applications and their awareness should be increased.

In accordance with the cultural requirements, provide privacy for women and men should be able to do the necessary arrangements.

Complaints

- » The complaints of patients and their caretakers should be received, investigated and resolved in a fair and timely way.
- » An evaluation commission should be established to assess complaints.

Patient Safety



Standard Code	Standard	AC Code	Assessment Criteria (AC)
HD.HG.01.00	The services provided at DC must be organized in such a way as to protect the safety of patients and their carers.	HD.HG.01.01	Responsibles must be determined to ensure patient safety.
		HD.HG.01.02	Risk analyses must be conducted on the factors that threaten patient safety and measures must be taken to eliminate or decrease the risks that threaten safety.
		HD.HG.01.03	Quality improvement activities must be planned to ensure the continuity of patient safety.

Goal

To ensure the safety of patients and carers in services provided by DC, and to organize provided services and processes in line with safety of patients and the carers by determining in advance the elements that could threaten their safety.

Objectives

» Patient Safety

Standard Requirements

Responsibles of Patient Safety

- » Responsibles must be determined to work regularly and systematically in this field in order to be to identify existing or possible safety threats at DC and to take measures.
- » The scope of responsibilities must be described considering the size of the institution and types of services to ensure effectiveness, continuity and systematic structure of activity.

Quality Improvement

- » The risks for patient safety must be analyzed and evaluated; levels of risk must be determined and necessary improvement actions must be taken on the basis of the results of the analysis. Effectiveness of activities must be monitored.
- » In this context, DC must address following issues related to patient safety, which is mentioned in various sections of Standards of Accreditation in Health:
 - Prevention of Infection
 - Medication safety
 - Falls prevention
 - Safe Injection Practices
 - Identity verification
 - Information safety
 - Emergency management
 - Facility safety
 - Medical device safety
 - Adverse Event reporting system
 - Waste management

Patient Feedback



Standard Code	Standard	AC Code	Assessment Criteria (AC)
HD.GB.01.00	A system must be established to receive feedback (comments, suggestions and complaints etc.) from patients and their carers about the services that are provided.	HD.GB.01.01	The system's scope, methods and tools must be defined including receiving, investigating and resolving of all feedbacks.
		HD.GB.01.02	Patients and carers must be informed about how they can provide feedback.
		HD.GB.01.03	Feedback must be assessed.
		HD.GB.01.04	Necessary improvement activities must be planned for the results that come out of the feedback.

Goal

To make sure that necessary improvement is made by receiving systematic feedback from those who are provided with service in the institution.

Objectives

» Patient-Orientedness

Standard Requirements

Feedback System

A feedback system must be established to receive all kinds of feedback (comments, suggestion, complaints etc.) from those who are provided with service at DC. Within this system; methods such as satisfaction surveys conducted regularly to receive comments and suggestions from patients and carers, one-on-one interviews or face-to-face meetings held when necessary, assessment of expectations and satisfaction levels before and after the service must be used.

Information on Feedback System

- » Patients and their caretakers should be informed about how they can give feedback about services which they are offered, problems they face during service processes or issues related to dialysis and dialysis staff.

Assessment of Feedback

- » Feedback received from patients and carers must be analyzed in a systematic manner, and the findings must be assessed.
- » The findings obtained through data analyses must be shared with the top management and relevant units and benefit must be derived from feedback in an efficient manner.

Quality Improvement

As a result of the findings obtained from the feedback, what kind of improvements are necessary must be determined and how these improvements will be made must be planned according to the order of importance and these plans must be put into practice.

Access to Service



Standard Code	Standard	AC Code	Assessment Criteria (AC)
HD.HE.01.00	Necessary precautions must be taken in order to provide patient able to reach services in time.	HD.HE.01.01	Patients must be provided with reception, orientation and consultation services that will facilitate the application process at DC and through which they can access all the information they need in the application process at DC.
		HD.HE.01.02	Access to the dialysis center should be provided taking into account the safety and comfort of patients who need transfer.
		HD.HE.01.03	Facilitating measures concerning access to services and waiting periods must be taken based on age, disease and disability.
		HD.HE.01.04	Service delivery processes must be organized in such a way as to ensure the dialysis process of the patient in good time and without delay.

Goal

To put forward the measures that must be taken by the institution and to ensure the access to service to make sure that patients access the services provided by DC in a timely, efficient, effective and sufficient manner.



Objectives

- » Patient-Orientedness
- » Suitability
- » Continuity
- » Equity
- » Timeliness

Standard Requirements

Reception, Orientation, Consultation

- » In line with the information declared by DC about the services it provides, DC must provide patients that wish to receive service with detailed information they might need to help them make decisions.
- » How the information concerning reception, consultation and orientation such as all the important locations within DC necessary for the application procedures that must be conducted by the patient and the carer, information and documents they might need and waiting rooms etc will be provided for the patient must be planned and put into practice in advance.

Facilitating Arrangements

- » Arrangements must be in place for shared areas like stairs, elevators, toilets, parking areas and to ensure ramps and wheelchair services so that elderly, disabled people and people in need of help due to disease can access the services easily.
- » Action must be taken to give priority to elderly, disabled people and people in need of help, due to disease that receive service from DC.

Providing The Service On Time

- » Procedures and steps of procedures must be examined in detail to detect system-related problems that might pose a risk for patient safety that prolonging access to dialysis treatment and measures must be taken to hold the procedure time in an optimal manner and to increase efficiency.
- » DC must assess its service processes within this framework and document its work and plans aimed at increasing efficiency, productivity and safety.
- » Action must be taken to facilitate access of the patient with an emergency to the service in DC out of working hours. Emergency shift services and the treatments to be administered must be managed by the institution.

Health Services



Dialysis Services



Standard 1

Standard Code	Standard	AC Code	Assessment Criteria (AC)
SH.DH.01.00	Control of decision and planning processes for dialysis treatment must be ensured.	SH.DH.01.01	There must be a Dialysis Prescription for the decision of dialysing patients according to a scheduled program.
		SH.DH.01.02	The process for administration of dialysis must be planned.

Goal

To ensure that all processes for the dialysis treatment are implemented according to a scheduled program.

Objectives

- » Patient Safety
- » Efficiency
- » Timeliness

Standard Requirements

The decision of dialysing the patient, the patient reports and the prescription must be undertaken by a specialist physician identified by the relevant legislation.

Patient-based treatment plan must be prepared. Treatment plan must include information about the following at minimum:

- Duration and frequency of dialysis treatment
- Dry weight
- Blood flow velocity
- Dialysate composition and flow velocity
- Dialyzer selection
- AV set selection
- Type and amount of anticoagulation
- Medical treatment administered during dialysis if any, Peritoneum dialysis method to be carried out, daily change rate, content and volume of solution to be used if peritoneum dialysis will be administered

Standard 2

Standard Code	Standard	AC Code	Assessment Criteria (AC)
SH.DH.02.00	All processes and procedure steps on dialysis services must be identified.	SH.DH.02.01	All processes and procedure steps concerning admission of the patient to the dialysis centre, preparation of patient and machines for the procedure, administration of dialysis, meeting the sterilization conditions, completion of dialysis and patient's departure from the dialysis centre must be identified.
		SH.DH.02.02	How the patients and medical staff will be informed about these processes must be determined.

Goal

To ensure that procedures regarding all of the dialysis processes are conducted within the framework of evidence-based guidelines that have been prepared.

Objectives

- » Patient Safety
- » Efficiency
- » Effectiveness
- » Productivity

Standard Requirements

Processes and procedure steps from admission of the patient to the dialysis centre to his/her departure from the dialysis centre must be identified and staff must be granted access to the relevant documents.

Defining Dialysis Processes

While defining processes in the dialysis centre, one must take action in line with the evidence-based scientific studies and in such a way as to represent specific conditions of the centre. Apart from general working principles of the centre and critical processes outside the centre, procedure-specific explanations must be provided if necessary.

While defining processes, up-to-date information on the following issues must be provided **at minimum**:

- » Admission of the patient to the dialysis centre
- » Preparation of patient and machines for the procedure
- » Administration of dialysis
- » Meeting the sterilization conditions
- » Completion of dialysis
- » Patient's departure from the dialysis centre
- » Ensuring medical follow-up of the patient
- » Monitoring probable complications
- » Actions taken to ensure patient safety
- » Quality improvement activities

Standard 3

Standard Code	Standard	AC Code	Assessment Criteria (AC)
SH.DH.03.00	The processes that precede dialysis session must be checked.	SH.DH.03.01	Rules regarding preparation of the patient prior to the procedure must be defined.
		SH.DH.03.02	Rules regarding preparation of dialysis machines prior to the procedure must be defined.

Goal

To ensure the reliability of the dialysis treatment by bringing under control all of the processes from admission of the patient to the dialysis centre to the dialysis session of the patient.

Objectives

- » Patient Safety
- » Efficiency
- » Suitability
- » Patient-Orientedness

Standard Requirements

Preparation of Patients for the Procedure

Rules regarding the preparation of patients for the procedure before the dialysis session must be determined.

The patient must be prepared for the procedure by ensuring that patients' dialysis prescriptions and treatment plans are checked, patients are examined by the relevant physician (physical examination, evaluation of vital findings, weight control etc), and necessary laboratory tests are checked within the scope of identified rules.

Preparation of Machines for the Procedure

Rules regarding the preparation of dialysis machines before the dialysis session must be determined.

Dialysis machines must be disinfected in order to clean the inner cycle, water treatment and distribution systems so as to reuse them after each session.

Disinfection process must be recorded so as to include the following information **at minimum:**

- » Name, surname and signature of the employee who carries out the disinfection process
- » Date/hour and duration of the process
- » Chemical name of the disinfectant used during the process

Standard 4

Standard Code	Standard	AC Code	Assessment Criteria (AC)
SH.DH.04.00	Processes regarding dialysis sessions must be checked.	SH.DH.04.01	The processes and rules regarding the procedures from the administration of dialysis treatment to the completion of it must be defined.
		SH.DH.04.02	Measures must be taken to ensure patient safety during the process.

Goal

To ensure the continuity of quality improvement activities and the patient safety during the processes of dialysis session.

Objectives

- » Patient Safety
- » Suitability
- » Patient-Orientedness
- » Efficiency
- » Continuity

Standard Requirements

The processes and rules from the administration of the dialysis to the completion of it must be defined.

Dialysis must be administered within the framework of the following rules **at minimum**:

- » Information concerning the identity of the patient must be checked before the dialysis starts.
- » Patients must be monitored medically by the responsible physician during the dialysis session.
 - Observation note must be written down in the patient file in each dialysis session.

- Separate follow-up/observation forms must be prepared for each patient.

During the process, **minimum** following measures must be taken to ensure patient safety:

- » A risk assessment for dialysis must be performed.
- » Necessary measures for the identified risks must be taken.

Patient must be informed that he/she should inform the staff about the probable changes in his/her health condition during the dialysis session.

Standard 5

Standard Code	Standard	AC Code	Assessment Criteria (AC)
SH.DH.05.00	Control of medical follow-up processes of the patients that are administered dialysis treatment must be ensured.	SH.DH.05.01	Medical follow-up file must be created for the patients who are administered dialysis treatment.
		SH.DH.05.02	All patients must be regularly followed up by the relevant specialist physician.
		SH.DH.05.03	Dialysis patients must be informed about acute and chronic complications and be monitored.

Goal

To ensure the patient safety at every stage of dialysis processes by periodically checking the patients who are administered dialysis treatment.

Objectives

- » Patient Safety
- » Timeliness
- » Patient-Orientedness
- » Efficiency
- » Continuity

Standard Requirements

Patient File

A separate patient file must be prepared for each patient administered dialysis treatment at the centre.

Information in the patient file must comply with the legislation.

Specialist Physician Assessment

All patients must be extensively assessed by the relevant physician at least once a month. This assessment must cover the assessment of other medical problems as well as the relevant dialysis assessment.

Regarding the assessment, records that contain the following information at minimum must be kept:

- » Physical examination and history regarding the general health condition of the patient
- » Whether or not there is any complication arising from dialysis treatment
- » Laboratory results
- » Vascular access status (Control of intravascular catheter)
- » Complications regarding long-term dialysis treatment, including nutritional status
- » Analysis of the current status of kidney transplantation

The process for performing the patients' laboratory tests periodically in accordance with the relevant legislation must be planned.

Laboratory test results must be assessed by the relevant physician, necessary improvement work must be undertaken within the framework of cause-effect analysis regarding the abnormal findings in these results, and they must be recorded in the patient follow-up file.

Monitoring of Probable Complications of Dialysis

Patients must be informed about the acute and chronic complications that might arise from dialysis treatment, and the necessary measures to be taken.

Medical follow-up and treatment process must be planned so as to prevent any complications, and to take the necessary measures effectively and in a timely manner in case of development of the complications.

Arrangements should be made for the fulfilment of the patient's treatment by the relevant institutions, such as catheter insertion, catheter replacement and transfusion need.

Standard 6

Standard Code	Standard	AC Code	Assessment Criteria (AC)
SH.DH.06.00			Patient/Patient's relative must be informed about applying to organ and tissue transplantation centres.

Goal

To ensure that dialysis patients, whose treatment is possible through organ transplantation, are treated thanks to organ transplantation.

Objectives

- » Patient-Orientedness
- » Equity
- » Continuity

Standard Requirements

Each patient, who is administered dialysis according to a scheduled program, must be informed about applying to an organ transplantation centre.

Coordination with organ and tissue transplantation centres must be ensured for patients who make a demand to that end.

It must be ensured that contact information of the patient is up-to-date.



Standard 1

Standard Code	Standard	AC Code	Assessment Criteria (AC)
SH.HB.01.00	Patient care processes must be conducted in line with the needs of the patient and so as to ensure patient safety.	SH.HB.01.01	The process related to the patient care practices must be planned.
		SH.HB.01.02	Patients must be evaluated in terms of their care needs.
		SH.HB.01.03	A care plan for patients must be developed according to the results of the evaluation.
		SH.HB.01.04	The care plan must be reviewed in line with the clinical picture of the patient and be updated when necessary.
		SH.HB.01.05	Patients/carers must be involved in the care processes.
		SH.HB.01.06	Ethical dilemmas such as not treating the patient, withdrawal of the treatment or discontinuing the treatment must be addressed and settled in time.
		SH.HB.01.07	Processes regarding referral of the patient or completion of the treatment must be planned so as to ensure continuity of the care.
		SH.HB.01.08	Records which are relevant to patient care process must be complete, accurate and shall include required notes/warnings for patient's clinical trial.

Goal

All the patients getting service from Dialysis Centre must be provided with the same standard of care in each stage of the patient care process.

Objectives

- » Patient Safety
- » Suitability
- » Timeliness
- » Efficiency
- » Continuity
- » Equity

Standard Requirements

Explanation

- » Patient care encompasses all healthcare services provided to the patient in the process starting from admission of the patient to Dialysis Centre to the completion of the treatment and the monitoring following the completion of the treatment.

Identification of Patient Care Processes

- » In order to ensure efficiency of services to be provided for patient care within this period of time, care processes must be identified. This identification must include the following issues at minimum:
 - How, when and by whom the care needs of the patient will be evaluated
 - Care planning after the evaluation
 - Putting the care plan into practice
 - Monitoring the patient in order to understand the results of the care
 - Making changes about care when needed
- » In care processes in which more than one health professional is involved, all of the members of the care team must carry out their work with a multi-disciplinary understanding and in a coordinated manner.
- » Patient/carer must be involved in care processes.
- » It must be ensured that the said procedures are recorded concurrently and be monitorable by the relevant personnel.

Determination of Patient Care Needs

- » Care needs of the patients admitted to the Dialysis Centers must be determined prior to each dialysis session by the relevant personnel providing healthcare to the patient.
- » The care needs of the patient must be evaluated through an integrated approach and with the participation of patient/carer.
- » Measures must be taken to ensure the patient safety so as to cover the care needs identified in all phases of the dialysis session (including the placement of a temporary catheter to the area which will be dialysed).

Patient Care Plans

- » Care plan is a document which includes the treatment and care needs of the patient, goals with regard to these needs, implementations and evaluation of these implementations.
- » Continuity of treatment and care is essential to patient care practice. Care plans must be prepared so as to cover health controls of the patient following the treatment.
- » Any change or improvement (change of care needs of the patient, any intervention performed on the patient, change of medicines used by the patient, etc.) must be reflected to the care plan concurrently and care plan must be updated when necessary. Relevant health personnel must be kept abreast of the updates in the care plan.
- » Care and treatment plans must be recorded as signed.

Patient Records

There must be required regulations for keeping patient records complete and accurate.

- » Information about diagnostic practices done during patient care process with by who and when the practice is done must be included in the records. Also, these records must be accessible at future admissions of the patient.
- » It must be ensured that information in patient files and records are complete and accurate.
- » Date information must be in patient records.
- » Patient records must be written in a readable and understandable manner.
- » Alert notations, which have importance for patient's clinical trial must be included in the patient file.

Involvement of Patient/Carer in the Care Process

- » The care team providing the patient with service must establish communication with the patient so as to take into account expectations, needs and values. The care team must establish a positive dialogue with patient/carers
- » Patient/carers must be provided with training (rules to be followed, medicines to be used, points to pay attention to in terms of nutrition, risks that may arise when the rules are not obeyed, when and how the patient will consult the relevant physician in the case of an emergency) to ensure continuity of care.
- » Patient/carers must be informed prior to all kinds of medical interventions to be performed within the scope of care processes by the person that will perform the procedure and a written consent must be received.
- » Patients must be encouraged to be involved in their own care processes. Patient/carers must be informed about the course of patient care and the issues to pay attention to in the process etc.
- » In addition to the above-mentioned points, compliance of the patient/carers with the centre must be ensured. Patient/carers must be informed about how they contact health personnel, and how they can get information about care services etc.

Resolving Ethical Dilemmas

Ethical dilemmas like not treating, withdrawing the treatment or discontinuing the treatment must be addressed in time and resolved. When there are ethical dilemmas, a solution must be found through decisions made jointly by the patient and doctor in such a way as to ensure patient safety and within the shortest time possible.

Procedures to undertake in the case of patient leaving Dialysis Centre without permission of the physician or patient declining treatment must be determined.

Referral of the Patient

Referral procedures of patients to be referred to another healthcare organization or institution in line with the identified care needs must be conducted in keeping with the current plan developed by the Dialysis Centre.

- » Involvement of patient and carer in referral procedures must be ensured and patient/carers must be informed.
- » Prior to referral, coordination must be ensured with the institution to which the patient will be referred.
- » Information and documents about clinical status of the patient, diagnosis/treatment, interventions performed on the patient (if any) must be transferred in an accurate and complete manner.

Completion of Treatment of the Patient

Procedures regarding completion of treatment of the patient must be planned.

- » Patients whose treatment has been completed must be informed about issues to pay attention to after the treatment.
- » Records must be kept about completion of treatment.

Death of the Patient

A plan must be developed by the Dialysis Centre for the services to be provided in the case of death of the patient.

Standard 2

Standard Code	Standard	AC Code	Assessment Criteria (AC)
SH.HB.02.00	In the patient care process, patient identity must be verified to make sure that the medical procedure is conducted on the right patient.	SH.HB.02.01	Identity verification methods and tools must be identified.
		SH.HB.02.02	Patient and health personnel must be trained on verification of the patient identity.

Goal

To perform the procedure on the right patient within the context of patient care practices such as administering medicine to the patient, examinations, treatment, operation etc. during the dialysis process.

Objectives

- » Patient Safety
- » Effectiveness
- » Efficiency
- » Suitability

Standard Requirements

Verification of Patient Identity

Identity verification can be defined as a set of practices that makes sure that whether the person getting service is the right person is determined in a reliable way. Identity verification must be conducted for the registration procedures of the patient and the procedures concerning diagnosis and treatment. For which procedure identity verification will be used and how and with which tools identity verification will be conducted must be determined.

Trainings

Work must be undertaken to raise awareness in health personnel about sources of error regarding identity verification and health personnel must be trained on identity verification and the policies and practices about this issue.

Standard 3

Standard Code	Standard	AC Code	Assessment Criteria (AC)
SH.HB.03.00	Measures must be taken to prevent patient falls.	SH.HB.03.01	The process concerning prevention of falls must be planned.
		SH.HB.03.02	Measures must be taken to prevent falls.
		SH.HB.03.03	Falls that have occurred must be monitored.

Goal

The goal is to prevent patient falls in dialysis centers and to minimize risk of harm caused by falls.

Objectives

- » Patient Safety
- » Suitability
- » Efficiency

Standard Requirements

Explanation

Management of dialysis center must ensure involvement of all the personnel in the efforts aimed at prevention of patient falls and the system to be established for fall prevention strategies in all the units of the Dialysis Center must be planned in an integrated manner. This plan must include the following:

- » Determination of risks that cause falls
- » Measures to be taken for the risks that have been determined (patient/disease-based measures, environmental measures etc.)
- » Follow-up processes concerning the falls that have occurred (When, how and to whom the falls that have occurred will be reported and how the results will be assessed etc.)

Measures that must be taken according to fall risk

All the patients that are provided with service by the Dialysis Center must be considered at high risk without making a risk assessment and necessary measures must be taken.

The following measures must be taken at minimum against risks that have been determined and that may cause falls in the Dialysis Center:

- » All the areas where dialysis service is provided must be arranged in a plain manner and there must not be unnecessary tools, material and objects in these areas and adequate level of lightning must be ensured in these areas.
- » Patient beds must be positioned so as to prevent patient falls.
- » Walking areas must be kept dry so as to prevent patient falls, there must be warning signs on slippery surfaces and there must not be objects and things that hinder walking in the walking areas.
- » There must be handrails for patients where necessary.
- » The frequency of monitoring for patients must be determined. Patient/carer must be informed about fall risk.

Monitoring Fall Events

- » Fall events in the Dialysis Center must be monitored, a statistical analysis must be made and improvement work must be undertaken in line with the results of the analysis
- » It must be ensured that the personnel report fall events to the adverse event reporting system.

Standard 4

Standard Code	Standard	AC Code	Assessment Criteria (AC)
SH.HB.04.00	Effective communication must be ensured in the flow of information among the health professionals.	SH.HB.04.01	The process regarding shift handover of the personnel must be identified.
		SH.HB.04.02	Action must be taken about abbreviations, signs, symbols and the amount of dose that should not be used.
		SH.HB.04.03	Patient information must be conveyed properly and thoroughly in the case of transfer of the patient.
		SH.HB.04.04	The process regarding taking into account the consultations held in and outside the Dialysis Center must be planned.

Goal

The goal is to prevent threats against patient safety that may be caused by communication setbacks between the health personnel.

Objectives

- » Patient Safety
- » Effectiveness
- » Timeliness
- » Efficiency
- » Suitability
- » Productivity

Standard Requirements

Explanation

Shift changes among the personnel, orders taken verbally or by phone, use of abbreviations, symbols and signs that must not be used, patient transfer between

units, referrals made to other institutions and consultations held within and outside the Dialysis Center (internal and external) are all important processes that affect the flow information among the health personnel in terms of patient safety.

Shift Handover of the Personnel

Shift handover processes in the Dialysis Center must be identified. The following issues must be taken into account at minimum in shift handover processes:

- » Shift handover must be conducted with at least two people, one side as the outgoing shift owner and the other side as the incoming shift owner.
- » All the information concerning patient care process must be transferred in the shift handover process.

Abbreviations that must not be Used

- » Abbreviations, signs and symbols that must not be used must be determined and listed by the Dialysis Center
- » No abbreviation, symbol or sign that are included in the list must be used in any stage of order processes.

Communication during Patient Transfer

- » Patient transfer must be conducted through proper transfer method (stretcher, wheelchair etc.).
- » The patient must be accompanied by a member of the health staff during transfer.
- » During transfer and referral of the patient necessary personal information concerning the patient and information about the care process must be conveyed by the health personnel through understandable and practical methods (Handover communication technique etc.) in an accurate and thorough manner.

Communication in the Consultation Process

- » The process concerning taking into account consultations held within and outside the Dialysis Center must be planned. The following issues must be handled at minimum:
 - How the consultation services deemed to be necessary for diagnosis and treatment will be provided must be determined.
 - How the records about consultation will be kept must be determined.

Consultation process must be controlled by the relevant primary doctor and treatment process must be reevaluated in line with the consultation report.

Standard 5

Standard Code	Standard	AC Code	Assessment Criteria (AC)
SH.HB.05.00	Patients that carry the risk of harming themselves or others must be taken under control.	SH.HB.05.01	Patients must be assessed in terms of the risk of harming themselves or others.
		SH.HB.05.02	Necessary measures must be taken against patients that carry the risk of harming themselves or others.

Goal

Agitated, confused and aggressive patients, patients diagnosed with dementia, delirium or suicide attempt and certain patient groups with psychiatric disorders are among the patient groups that carry a high risk of harming themselves or others. The goal is to prevent the patients from harming themselves or others in the case of existence of the above-mentioned conditions.

Objectives

- » Patient Safety
- » Healthy Working Life
- » Timeliness
- » Employee Safety
- » Suitability
- » Continuity

Standard Requirements

Risk Assessment of Patients that may Harm Themselves or Others

Patients that may harm themselves or others during the care service must be determined and the relevant personnel must be informed about the situation.

Measures to be Taken

Measures to be taken against patients that may harm themselves or others must be planned.

Measures to be taken at minimum against patients that carry the risk of harming

themselves or others are as follows:

- » Patients that carry a high risk of harming themselves or others must be monitored more frequently.
- » Action must be taken to make sure that health personnel can access the patient easily when necessary.
- » Patient bed must be rendered safe in terms of the environment (such as appropriate lightning, not using risky furniture, accessory etc., rendering the windows safer)
- » The practices that are aimed at dialysis treatment processes for patients that need such practices must be determined together with the psychiatry consultant.

Standard 6

Standard Code	Standard	AC Code	Assessment Criteria (AC)
SH.HB.06.00	The standardization of care practices for specific patient groups must be ensured.	SH.HB.06.01	Processes regarding specific patient groups and the care practices specific to these groups must be identified.
		SH.HB.06.02	Care practices and procedures aimed at specific patient groups must be determined.

Goal

The goal is to ensure standardization of patient groups that are specific in terms of care practices and care practices that are specific to units that provide these groups with service within the scope of scientific rules and recognized approaches.

Objectives

- » Patient Safety
- » Suitability
- » Equity
- » Efficiency
- » Timeliness

Standard Requirements

Determination of Specific Patient Groups and the Processes regarding Care Practices Specific to These Groups

- » The following examples can be given for specific patient groups. The Dialysis Center must determined specific patient groups based on these examples:
 - Psychiatric patients
 - Patients receiving radiotherapy/chemotherapy
 - Geriatric patients
 - Patients whose immune systems have been suppressed
 - Pregnants
 - Substance addicts
 - Pediatric patients
 - Etc.
- » Processes concerning care practices that are particular to specific patient groups must include the following issues at minimum:
 - Processes of service provision
 - Conditions of the environment where the service will be provided
 - Necessary equipment
 - Specific care practices and procedures

Determination of Practices and Procedures that are Particular to Specific Patient Groups

Practices and procedures that are particular to care needs of specific patient groups must be determined and performed.

Prevention of Infections



Standard Code	Standard	AC Code	Assessment Criteria (AC)
SH.EK.01.00	Necessary measures must be taken for the prevention of infections.	SH.EK.01.01	Responsibles must be determined for infection prevention and responsibilities must be defined.
		SH.EK.01.02	A programme must be created for the prevention of infections.
		SH.EK.01.03	Efficiency of the practices aimed at ensuring prevention of infections must be monitored.

Goal

To identify and prevent risks of health services-related infections threatening the employees and patients.

Objectives

- » Patient Safety
- » Healthy Working Life

Standard Requirements

Determination of the Committee for Infection Prevention

Responsibles must be determined for infection prevention, responsibilities and task fields must be defined.

The minimum responsibility areas for infection prevention are as stated below:

- » To determine an infection control programme in accordance with the features and conditions of DC within the scope of scientific principles
- » To ensure the coordination of infection control activities at DC
- » To monitor the efficiency of activities specified and implemented in the programme for infection prevention, to make decisions on the necessary improvement activities, and to make suggestions to the administration

Creation of a Programme for Infection Preventing

Scope of work for infection control and prevention and the programme to be established must be comprise according to following subjects at least:

- » Assessment of health care processes in terms of infection risk
- » Hand hygiene
- » Isolation measures
- » Cleaning, disinfection, sterilisation, asepsis, antisepsis
- » Occupational infections of employees
- » Prevention of infections in plant-based studies
- » Making plans for extraordinary situations (epidemics, rare infections,etc.)
- » Prevention of infections in support services such as laundry, catering, waste management and air conditioning systems

Assessment of Health Care Processes in Terms of Infection Risk

Health care delivery must be assessed in terms of the patient and employee safety in all areas and processes. Measures must be taken and maintained against the risks determined.

For a detailed risk assessment, see Management and Organisation Aspect- Risk Management Section

Hand Hygiene

Improvement activities of hand hygiene quality must cover the following subjects at least:

- » Determination of Hand Hygiene Rules
- » Assessment of Hand Hygiene Compliance
- » Activities for Hand Hygiene Compliance

Setting Hand Hygiene Rules

WHO's "5 Indication Rules" describes when the healthcare professional needs to apply hand hygiene.

According to "5 Indication Rules":

1. Before contact with the patient,
2. Before aseptic procedures,
3. After contact with bodily fluids,
4. After contact with the patient,
5. After contact with the patient's surroundings,

hand hygiene must be applied.

On the other hand, DC has various areas without dialysis procedures where the healthcare services are indirectly provided to the patient. Sterilisation areas, units allocated for medication preparation etc can exemplify these areas. Rules regarding hand hygiene in all healthcare delivery areas, including the ones mentioned above, must be set and the application thereof must be realized within the frame of these rules, to ensure both patient and employee safety.

Assessment of Hand Hygiene Compliance

Hand hygiene compliance refers to the application of hand hygiene at the right time, using the appropriate method, in the correct way and for the right duration. Hand hygiene compliance means not only washing and rubbing the hand, but also practicing it in the correct way.

Hand hygiene compliance must be measured by such methods as monitoring of hand hygiene materials, surveys (for the awareness, level of knowledge and compliance of health care professionals) as well as the informed prospective observations. In accordance with the data obtained as a result of the assessments, necessary improvement must be planned.

Actions For Improving Hand Hygiene Compliance

Following actions must be taken to improve hand hygiene compliance:

- » Establishing hand hygiene policy
- » Determining hand hygiene responsibilities
- » Supporting skincare of healthcare professionals
- » Trainings
- » Reminder and warning messages
- » Facilitating material access
- » Some points are stated below in detail:

Supporting skincare of healthcare professionals

Appropriate material must be provided to the healthcare professionals with skin irritations and allergy history.

Trainings

All employees must receive training on hand hygiene. Contents and periods of the trainings must be determined by DC according to the occupational groups and needs detected through the measuring results. Trainings must cover at least:

- » Importance of hand hygiene
- » Hand hygiene methods and indications
- » Points to take into consideration
- » Wearing gloves
- » Facilitating material access

Materials for hand hygiene must be available in all areas of health care. DC must prepare plans for access to materials such as liquid soap, single-use towel in the hand washing areas/lavatories.

Within the framework of recommendations in WHO guidelines, alcohol-based hand antiseptic must be available at patient point of care. Patient point of care is the place where three elements come together:

1. Patient
2. Healthcare professional
3. Care or treatment procedure including contact with the patient or his/her surroundings (within the patient's area)

This term precisely covers the setting of care and, thus, the need of hand hygiene in this setting. Alcohol-based antiseptic must be easily accessible in patient point of care.

All areas where patients are provided care and treatment must be regarded within this scope. The aim here is to organize the bedside products in such a way that the patient can reach them without leaving his/her area.

Access to alcohol-based antiseptics is provided through health professionals' pocket bottles, dispensers fixed on the walls, containers fixed to the patient bed and through bottles on the bedside table or in the medication trolleys.

Isolation Measures

DC must determine the conditions in which isolation measures must be implemented; the implementing rules and the required physical conditions (separate room, adequate distance between beds, adequate numbers of personnel etc). Healthcare professionals must be provided with training, sufficient personal protective equipment must be supplied and this equipment must be used in compliance with isolation measures.

Republic of Turkey Ministry of Health has determined descriptive symbols in order to ensure the unity of implementation and language in the subjects of isolation measures in institutions, and to benefit from memorability of visual figures. Various colours and figures of nature have given inspiration to the creation of these descriptive symbols, aimed as an example to the entire world in this field. **The use of these symbols is recommended by the Ministry of Health , as determined by the DC in order to warn the employees in all areas where the patient present or where the patient is transferred to.**

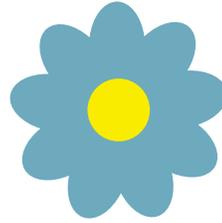
Yellow Leaf:

Used in respiratory isolation. Trees are the lungs of nature, leaves are lungs of trees. A yellow leaf (sarı yaprak in Turkish) was used to make it easy to associate it with respiration (solunum in Turkish), their initials being the same letter, S.



Blue Flower:

Used in droplet isolation. The point in the centre represents the patient, and the surrounding petals represent droplets. Patient is surrounded by droplets and s/he poses the risk of spreading them. The droplets gathering at one point intends to attract the attention to the point (patient).



Red Star:

Used in contact isolation. Five points of the star represent five fingers of a hand. The red colour is used on the basis of connection between the disadvantages of contact with fire and those of contact with a patient.



Cleaning, Disinfection, Sterilisation, Asepsis, Antisepsis

All areas used during service delivery and all equipment contacting with human tissues can be the cause of infection. Therefore, various procedures are applied in order to bring relevant areas and instruments under control in terms of microorganisms:

- » Cleaning
- » Disinfection

- » Sterilisation
- » Asepsis
- » Antisepsis

Rules of cleaning, disinfection, sterilisation and antisepsis processes must be determined.

- » Following issues must be determined within these periods:
- » Duration of application
- » Range of application
- » Method of application and material to be used
- » Process for monitoring efficiency of implementation

Cleaning

- » Policies for DC cleaning must be determined, plans must be drawn, specific areas for infection must be determined, supervising staff must be identified. It must also be determined who will use which cleaning materials in which area, and who would check how the materials would be applied and the effectiveness of the application must be determined.

Disinfection

- » The medical equipments used in patient care should be classified as critical, semi-critical and non-critical in the framework of internationally accepted guidelines used to determine the need for disinfection and sterilization methods.
- » Disinfected surface, material, equipment and waste must be determined.
- » Disinfection type, disinfectant to be used and rules on how to use it (duration, quantity, controls or measures for ensuring efficient concentration, points to take into consideration in terms of patient and employee safety etc) must be determined according to the material used during disinfection procedures.
- » There must be a sufficient amount of equipment in order to effectively conduct disinfection procedures in the sufficient time, taking into consideration the patient circulation.
- » In the areas where high-level disinfectant is used, ventilation must be configured in such a way as to provide employee safety.
- » Technicians must be trained, and the status of application of disinfection must be monitored by the supervising staff under the rules of infections prevention and control.
- » Disinfection processes must be recorded comprising following issues;
 - The name, surname and sign of personel who acting disinfection processes,
 - Date/hour of operation and operation length
 - Name of chemical that used in operation

Sterilisation

- » Materials and equipment used in patient care and needing disinfection must be determined.
- » Rules and operations for sterilisation processes must be determined. Authorities of infection prevention must monitor their implementation within the framework of rules determined.
- » See Healthcare Services Aspect- Sterilisation Section for detailed information.

Asepsis and Antisepsis

Implementing rules must be determined within the framework of asepsis and antisepsis principles and the relevant healthcare professional must be trained.

Occupational Infection of Employees

Healthcare professionals are responsible for taking measures in order to protect both themselves and their patients against infectious agents. These measures are presented in three groups:

1. **Measures to be taken before contact:** Immunisation against infections which can be immunised, doing the routine medical screening.
 2. **Measures to be taken to prevent contact:** Protective measures to be taken against the risks which might be encountered during healthcare delivery (standard measures, isolation measures).
 3. **Measures to be taken after contact:** Procedures of immunisation, prophylaxis, follow-up and treatment which must be conducted in case of contact with any infectious agent.
- » DC must define all the processes on the above measures.
 - » Actions must be taken to improve the levels of knowledge and awareness on infection protection of employees at DC.
 - » Appropriate working environment and conditions must be provided for the employees to take necessary measures against infections. Necessary equipment must be supplied.
 - » Medical screening, which must be performed within the framework of risk analysis based upon the section at regular intervals, must be determined. A programme must be created for the medical screenings.
 - » The procedures must be determined for the cases with positive scans.
 - » Efficiency of applications within the framework of the programme must be monitored.

- » Actions to be taken in case of contact with any infectious agent must be determined. Authorities must be designated in order to ensure that these actions are carried out and controlled.

Infection Control in Support Services such as Laundry, Kitchen, Waste Management and Ventilation Systems

- » Cleaning process of textile materials used in healthcare delivery must be monitored for infection control. It must be ensured that necessary measures are taken and maintained.
- » Employees taking charge in the processes of supplying, storing, preparing and distributing foods given to the healthcare providers and service users must be monitored. Necessary measures must be taken and maintained.
- » Processes of safe removal and disposal of infected wastes produced in healthcare delivery must be monitored. Necessary measures must be taken and maintained.
- » Ventilation and air filter systems must be monitored for infection control. Necessary measures must be taken and maintained.

Control of Infected Patients

At least, arrangements should be made in accordance with the rules for dialysis process of the infected patients are as stated below:

- » Equipment that used for the infected patients must be defined and separated.
- » Equipment that used for HbsAg (+) and HCV Ab (+) patient must be defined.
- » Separated room must be arranged for HbsAg (+) patients.

Monitoring and Evaluation

- » Actions for infections prevention at DC must be monitored on the basis of process and outcome. Necessary actions must be taken for continuous improvement. In monitoring and evaluations; routine observations and controls, (Monitoring of blood-borne diseases etc.) process-based indicators determined for implementations must be used.
- » Outcomes obtained from monitoring and evaluation must be analysed. The compliance with targets that are set must be evaluated. They must be improved if necessary.
- » Outcomes obtained must be shared with the management and relevant employees.
- » Information and training must be provided for infection control and prevention of employees.

Sterilization Management



Standard Code	Standard	AC Code	Assessment Criteria (AC)
SH.SY.01.00	Processes concerning sterilization services must be identified and taken under control.	SH.SY.01.01	Physical areas and conditions in sterilization unit must be planned according to the process steps.
		SH.SY.01.02	The processes regarding sterilization, storage, transfer and use of the materials must be taken under control.
		SH.SY.01.03	Traceability of the evidence regarding time, device, method, implementer and control parameters must be ensured in each stage of the sterilization.

Goal

To take sterilization process, which is one of the important steps to prevent and control infectious diseases that might develop in relation to healthcare services, under control to ensure patient safety.

Objectives

- » Patient Safety
- » Effectiveness
- » Efficiency
- » Continuity

Standard Requirements

Measures Related to Physical Areas and Conditions in Sterilization Unit

Physical areas and conditions in sterilization unit must be planned according to the process steps minimum in three fields.

- » Area that can be cleaned and decontaminated (Dirty area, decontamination area etc.)
- » Area where packaging and loading to sterilization device procedures take place (clean area, semi-clean area, packaging area etc.)
- » Area where unloading of sterilized materials and storing procedures take place (sterile area, clean area, sterile storage area)
- » Surfaces in sterilization unit must be cleanable easily and disinfect.
- » Appropriate temperature and humidity ranges must be determined for the areas and temperature and humidity rates must be followed up on a constant basis.
- » Airflow must be from the sterile area to clean area and contaminated area. The air provided by the ventilation system must be filtered at least 10 times an hour. Any method that may cause turbulence must not be used.
- » Systems like lighting, water, uninterrupted power supply must be planned and monitored so as to ensure sterilization safety.
- » Storage conditions in sterile areas must not prevent air circulation and must ensure preservation of sterile material.
- » Necessary equipment, working conditions and rules must be determined according to the physical areas in the unit and the services given in these areas.

Process Control in Sterilization Service

Process of sterilization service is composed of steps of procedure that proceed in a circular manner:

- » Transfer from area of use to the contaminated area
- » Cleaning-Care
- » Packaging
- » Loading
- » Sterilization
- » Storage
- » Distribution (Transfer to the area of use)
- » Use of sterile material

In all of the processes quality of the material, sterilization management, working and control rules regarding the equipment used and area of use must be determined and the relevant personnel must be provided with training on the issue. Corrective and preventive action must be taken to address irregularities identified in the processes.

Washing, Disinfection and Packaging Processes

- » Dirty materials should be counted from the material list and accepted into the sterilization unit.
- » Dirty materials must be pre-cleaned and decontaminated.
- » The washing activity should be checked at regular intervals.
- » Washing effectiveness control should also cover luminous appliances in use.
- » The materials should be delivered to the clean area with the material list.
- » Packing of materials should be done in clean area.
- » Textile materials should be packed separately from other materials

Quality Control for Sterilization Process

- » Physical-mechanical controls must be conducted according to the method of sterilization that is used and a record must be kept.
 - Physical-mechanical controls contain records of program cycle including parameters like pressure, gas concentration, temperature, humidity, time and also records of maintenance and calibration of the device.
- » Efficiency of sterilization must be assessed through chemical control methods.
 - Each package must bear Class 1 process indicators.
 - Class 2 indicators must be applied every day while the device is empty and before starting sterilization process.
 - Each pack should be provided with a suitable chemical indicator (at least class 3) that meets the quality of the pack contents and provides the specified performance conditions .
- » Whether sterilization has taken place or not must be assessed through biological control methods.
- » DC must determine minimum frequency of use of indicator for each sterilization method by taking into account issues like material load, patient profile, working frequency of the device and especially scientific requirements and DC must increase frequency of use when necessary.

- » If the biological indicator is positive after the procedure, a retrospective follow-up of the material and patient must be conducted. All of the sterile material distributed until the use of biological indicator that tested negative must be reviewed and if the material was used for the patient, the patient must be monitored for risk of infection.

Traceability of Sterilization Processes

- » Traceability of the evidence regarding time, device, method, implementer and control parameters must be ensured in each stage of the sterilization.
- » It is necessary that information concerning sterile material be included in patient file or a record must be kept about which material was used for which patient. Records on which material was used for which patient must be accessible retrospectively when necessary.
- » The following information concerning the records on the materials must be available at minimum:
 - Assessment of color change in the indicator that is used (record on the control of users during usage)
 - Information about when, through which method, through which device and in which cycle sterilization has taken place.
 - Records on maintenance, repair and calibration of sterilization device
 - Cycle records of the device
 - Tests on the device (like vacuum leakage test, Bowie Dick test)
 - Result of biological indicator
 - Information on when and by whom it was received
 - Information on who applied the procedure in the stages
 - Records on quality control work that is undertaken in each stage

Medicine Management



Standard Code	Standard	AC Code	Assessment Criteria (AC)
SH.IY01.00	Efficient and safe medicine management must be ensured in Dialysis Center.	SH.IY01.01	A medicine management structure that will ensure effective conduct and coordination of the medicine management in Dialysis Center must be created.
		SH.IY01.02	Main and critical stages of all the processes regarding medicine must be determined and the methods and rules regarding these stages must be determined.
		SH.IY01.03	The right medicine must be provided at the right time and effective stock management of the medicines must be ensured.
		SH.IY01.04	Medicines must be kept under proper conditions.
		SH.IY01.05	Measures must be taken to ensure the safety of the patient and the personnel when the medicines are being prepared and administered.
		SH.IY01.06	Traceability of medicine processes must be ensured by making use of feedback infrastructures and indicators and the necessary improvement work must be undertaken.

Goal

To minimize the risks against patient and personnel in all the processes that involve the medicine, ensure that the processes are carried out effectively and efficiently

Objectives

- » Patient Safety
- » Efficiency
- » Productivity
- » Timeliness
- » Healthy Work Life
- » Patient-Orientedness
- » Suitability
- » Continuity

Standard Requirements

Management and Documentation

- » In order to establish an efficient medicine management system in Dialysis Center, first of all an active management design that includes an adequate level of documentation must be created. Duties and responsibilities of people involved in this management design regarding medicine safety must be identified, necessary training opportunities must be provided in order to improve the competencies.
- » Documents on medicine management must be created by taking into account needs of Dialysis Center and critical processes. The documents must address the following issues at minimum:
 - Supply of medicines
 - Duties and responsibilities of the personnel involved in medicine management
 - Conservation of medicines
 - Medicine orders
 - Transfer of medicines
 - Preparation of medicines
 - Administration of medicines
 - Use and disposal of half-finished ampoules after treatment
 - Notifications about adverse effects
 - Medication error reporting and indicators about medicine management
 - Hazardous medicines and intervention methods in the case of error
 - Tables on **specific medicines** that aim to ensure medicine safety

- » Specific medicine groups must be determined by Dialysis Center in line with the legislation and efficient use of these medicines must be ensured by making use of warning mechanisms (like colorful or audible warning signals) aimed at ensuring efficient and safe use of these medicines.
- » Examples of specific medicine groups are as follows:
 - Pediatric emergency medicines
 - Medicines with a similar appearance
 - Medicines with similar spelling and pronunciation
 - Psychotropic medicines
 - Narcotic medicines
 - Medicines that should be protected from light
 - High-risk medicines
 - Medicines that require special technique/equipment/expertise to be prepared
 - Concentrated electrolytes
 - Medications that should not be used in pregnancy and lactation
 - Cytotoxic drugs
 - Drugs that require secondary follow-up

Communication in Medicine Management

Communication between patient and employee and between employee and employee in medicine management is of great importance in terms of patient safety. Therefore, an efficient medicine methodology must be ensured for each stage of medicine management at Dialysis Center.

- » Personnel must be trained to increase their awareness and knowledge levels about medicine management.
- » Patients must be informed about the medicines that are administered to them.

Supply of Medicines

- » Rules and methods about demands for supply of medicine must be determined at Dialysis Center. Within the scope of these rules, who can make a medicine request, the method of demand, who will evaluate the demands and how they will evaluate the requests are all points that must be identified.
- » While determining types and amount of medicine to be supplied, evaluations made for a needs assessment, demands for supply and consumption analyses must be taken into account.

Conservation of Medicines

Storage areas for medicines encompass all the warehouses where medicines are

kept for more than 24 hours (outpatient clinic, service, operating room etc.)

- » Access of people except for the personnel in charge to the warehouses must be limited due to safety and security reasons.
- » Medicines must be kept under appropriate conditions in line with their characteristics. To that end, action must be taken to ensure air-conditioning and lightning control and physical conditions must be monitored. Measures should be taken to protect the cold chain in extreme cases such as power failure.
- » It is also important to prevent storage of any materials in the medicine warehouses and medicine refrigerators other than medicines and vaccines.
- » Pillboxes must not be placed on direct ground level and the minimum height of the lowermost shelf must be determined so as to make sure the medicines are not affected in the case of flood.
- » Medicine arrangement plans of warehouses and refrigerators must be easy to use, accessible and the plans must be kept up-to-date.
 - While the arrangement plan is being prepared, separate areas must be allocated for specific medicines and medicines with similar pronunciation/spelling/appearance must be stored far away from one another.
- » Necessary storage measures must be taken in all the areas of Dialysis Center to ensure safety of psychotropic medicines and narcotic medicines.
- » Warning signals (labels etc.) must be used efficiently for high risk medicines.

Medicine Orders

Dialysis Center must determine the authorities, methods and rules for all phases of order in line with the legislation. Abbreviations must not be used in the name of the medicine while ordering a medicine.

Administration orders that are transferred to the treatment plan prepared for the patients must include the following information at minimum:

- Full name of the medicine and pharmaceutical form
- Administration time
- Dosage
- Administration way
- Duration of administration

Transfer of Medicines

- » Necessary measures must be taken to prevent breakage and spillage during the transfer of medicines.

- » Equipment necessary for safe transfer of medicines (medicine boxes, tools like forklift etc.) must be provided. This equipment may change depending on the amount of the medicine to be transferred.
- » The Health staff who will transfer the medicine must be trained on safe transfer of medicine and intervention in the case of breakage of hazardous medicine.

Preparation of Medicines

- » Measures must be taken to identify divided packages (blister tablet that have been cut etc.), expiry dates of all the medicines that have been prepared must be checked and the orders must be confirmed.
- » The medicines that require special technique/equipment or expertise must be transferred to the relevant unit for the administration process after having been prepared by the specialist under proper conditions. Color directives must be taken into consideration during preparation of the medicines with colored label.

Administration of Medicines

- » Medicines should be prepared specifically for each patient in the drug preparation environment before application, carefully applied in the framework of the specified rules, and the application should be recorded.
- » Administration of the medicine must be conducted only by the personnel (physician, nurse, intern under the supervision of the nurse etc.) authorized to administer the medicine. Patient identity must be verified before the administration and treatment information must be confirmed. Especially after administration of risky medicines patients must be monitored, it is necessary to be ready for any adverse effect that may occur.

Traceability

- » Traceability and continuity of the data obtained during medicine management process must be ensured within the scope of information management systems.
- » An information infrastructure that will enable the personnel to report the problem that may arise in any phase must be established and it must be used efficiently.
- » Problems about medicine management that must be reported must encompass adverse effects and medication errors at minimum.
- » Adverse reactions should be recorded and reported to the pharmacovigilance system. The pharmacovigilance officer must be defined.
- » Inaccuracies in drug-related processes should be reported to the relevant experts and improvements should be made to the identified error sources.



Laboratory Services

Organizations that purchase service from outside the center for laboratory tests are also obliged to meet the standards in this section. The preanalytical and postanalytical processes carried out in the center should be organized by the center according to the standards. Records relating to the standards for the analytical process should also be requested, monitored and controlled from the service encounter agency.

Standard 1

Standard Code	Standard	AC Code	Assessment Criteria (AC)
SH.LH.01.00	Laboratory physical environment must be established in a way that ensures test and employee safety.	SH.LH.01.01	In laboratory, designated areas for acceptance of samples, preparation prior to analysis, reporting of results after analysis must be arranged in a way that ensures safety of samples and tests.
		SH.LH.01.02	In all areas of laboratory, a healthy work environment must be ensured.

Goal

In Laboratory; delivery of material in appropriate circumstances of the patient, storing, analyzing, the test result will be reported in accordance with configure the physical conditions and to create a working environment for health of laboratory personnel.

Objectives

» Patient Safety

» Healthy Working Life



Standard Requirements

- » In Laboratory; the adoption of the samples, preparation prior to analysis, storing analysis and post-analysis, archiving, required fields for processes such as reporting the results, these areas must be physical conditions required (Area size, planning for the safe and effective use of space, ambient temperature, ambient humidity, ventilation conditions, arrangements for inputs and outputs, arrangements for emergencies, ect.)
- » Checks must be made for areas where the conditions necessary for the provision of and must be monitored.
- » Laboratory supplies and equipment needed to test the safety and employee safety must be used in appropriate circumstances.

Standard 2

Standard Code	Standard	AC Code	Assessment Criteria (AC)
SH.LH.02.00	A test guide must be prepared for informing of healthcare workers responsible with out of laboratory processes.	SH.LH.02.01	A guide including general information on tests being performed in laboratory, rules about extraction, transfer, acceptance of samples, test methods, reporting of results and interpretation must be prepared.
		SH.LH.02.02	Guide must be accessible by health care professionals.
		SH.LH.02.03	Related healthcare staff must be informed about the use of guide.

Goal

To ensure the safety of non-testing laboratory processes **located in the process of testing the correct and effective way to inform healthcare professionals** reach and to provide the necessary documents.

Objectives

- » Patient Safety
- » Effectiveness
- » Activity
- » Productivity

Standard Requirements

To its use for the benefit of the patient as long as the test results for the prompt signing informative a guide must be available to the relevant employees.

Preparation Test guide for Laboratory

- » By Laboratory, in accordance with the terms of the scientific data that reflects their own unique, studied in clinical samples must be prepared covering all the test directory.
- » Laboratory test guide; general working principles of the laboratory and the laboratory must include general information about non-critical processes, guidance must also test specific explanations.
- » Laboratory test guide must contain at least up to date information about the following topics:
 - General information on working in laboratory tests
 - Sampling
 - Transfer of samples
 - With the adoption of rules for the laboratory samples
 - Methods of testing
 - Information on reporting and interpretation of results

Accessibility for Laboratory Test Guide and Information

- » Book to date version of the laboratory test; Signing request for test results must be available at each point until it is used for the benefit of the patient.
- » Related workers, how to reach and be informed on how to use the guide book

Standard 3

Standard Code	Standard	AC Code	Assessment Criteria (AC)
SH.LH.03.00	Check of pre-analysis laboratory processes must be implemented	SH.LH.03.01	Rules and procedures between test request and analysis must be defined.
		SH.LH.03.02	Rules regarding test requests must be determined and information and guidance provision for related physicians must be ensured.
		SH.LH.03.03	Training must be provided for related healthcare staff about extraction, transfer, acceptance of samples and pre-analysis preparation.

Goal

Test prompt, to the analysis of samples taken under control by the processes to ensure the accuracy and reliability of laboratory results.

Objectives

- » Patient Safety
- » Effectiveness
- » Suitability
- » Activity
- » Efficiency

Standard Requirements

This standard covers the requirements for prepreanalytik process and the preanalytical process.

Test Request

- » By Laboratory; In order to ensure accurate test prompt the clinicial to make, giving information about the indications for the test directory, verbal briefings, trainings ect. Information and guidance must be provided with the tools.

- » Test claim forms/pages views and suggestions of clinicians must be created.

Sampling

- » The diagnosis and treatment of patients in shapping the exception of urgents tests for other tests; stage of the disease, circadian rhythm, the effects of hunger-satiety state scientific requirements must be determined taking into account the rules on sampling.
- » Sufficient information to the patient regarding sampling must be performed are required to take a sample of the patient's own.
- » When the sample is tajken correctly recorded.
- » To request, taking the sample, IMS acceptance or rejection of the laboratory sample must be recorded on the stage as a separate and visible by authorized users.
- » Training must be provided for personnel engaged in the sampling process.

Sample Transfer

- » Transferred to the laboratory to be used during the transportation of samples taken from the container, Alinan numunelerin laboratuvara taşınması sırasında kullanılması gereken transfer kabı, transfer method (manual methods, pneumatic system ect.), appropriate sample position, considerations must be informed about the transfer temperature ect.
- » Maximum acceptable transfer times determined for samples.
- » Sample transfer of personnel assigned to perform the correct manner and within the time given on the subject of education
- » Pneumatic system is used to transfer the sample, training for relevant personnel must be available to sytem.

Acceptance Analysis and Preparation of Laboratory Samples

- » Tests to give reliable results, delivery of samples taken, evaluation of the appropriateness of the criteria and according to this assessment must be made in the direction of acceptance or rejection of samples.
- » Records the date and time for acceptance or rejectin of samples, sending samples section, accepted or rejected by whom, if the information is cause for rejection must be rejected.
- » Laboratory samples must not be allowed to work
- » Acceptance or rejection of the samples must be done through information management system.

- » Acceptance and rejection in the direction of the staff must be trained on how to do transactions.
- » In respect of the rejected samples, the reasons for rejection and analysis of the sample must be taken to include partition information.
- » The rules on the basis of test procedures of the samples prior to analysis determined and training in this regard must be given to relevant staff.

Standard 4

Standard Code	Standard	AC Code	Assessment Criteria (AC)
SH.LH.04.00	Check of analytic processes related to laboratory tests must be ensured.	SH.LH.04.01	Rules and procedures between analysis and verification of result must be defined.
		SH.LH.04.02	Rules must be determined for the safe and effective use of devices in laboratory.

Goal

Laboratory quality improvement activities for analytic processes is to ensure continuity of patient safety.

Objectives

- » Patient Safety
- » Effectiveness
- » Efficiency
- » Continuity

Standard Requirements

Laboratory analytical process covers the following topics:

- » Study of the test
- » Device Management
- » Quality Control Studies

Study of the Tests

- » Ensuring standardization of testing process and this process with the aim of controlling the process of working on the informative and Comprehensive documentation must be established to cover all stages of the process of testing.
- » These documents must include at least the following sub-processes:
 - The samples were subjected to preliminary testing prior to preparation processes to be kept
 - Repair and calibration processes identification cleaning, maintenance for devices to be used in the testing process.
 - Used in the kit and / or materials, preparation, control
 - Test calibrations, internal and external quality assessment studies
 - The testing process
 - Approval of the result
- » The process of testing the document must be revised any changes
- » Training must be provided to employees on the prepared documents and revisions.

Device Management

- » Control of all devices and equipment used in the process of testing laboratory, and arrangements must be made for using the safe.
- » Identifying information must be recorded for the devices. These records must include at least the following information:
 - Name of the device
 - Make and model of the device
 - Production and date of entry into service
 - Serial Number
 - Representative company information
- » A file that contains information about the process of testing the device must be prepared, the file must be ensured that the information is up to date and can be understood by the employees. This file must include at least the following information and documents:
 - User Guide or CD
 - If any of the test or calibration records and certificates to the device
 - If any quality control results
 - The maintenance forms
 - Failure notification forms

- Company contact information
- User training certificates
- » Users to use the device, the device maintenance and cleaning the most common problems encountered during the use of the device and must be given training on how these problems must be overcome.

Device failures must be recorded fault reporting and repair process.

Quality Control Studies

- » The responsibility of the laboratory test quality control process, ensure the reliability of expert laboratory studies, to test that the desired end result is in conformity with the purpose to keep under control and the applications.

Internal Quality Control Studies

- » Samples used in internal quality control study must have the similar or the same characteristics, patient must be subject to the same process and work with the same methods.
- » Internal quality control test levels and the working period must be determined by the type of test which is based on the test prospectus or internationally accepted guidelines.
- » In the event of a change in the process of testing, internal quality control work must be done after device malfunctions maintenance and calibration work.
- » Which of the values will be specified as accepted regarding to the results of the internal quality control. Corrective / preventive action must be taken for incorrect results.
- » If incorrect results are obtained in internal quality control study patient samples must not be attempted.
- » Internal quality control results of the study must be recorded electronically or in hard copy. In order to ensure traceability of the study in these records; there must be results about date and time, test results and the results of corrective and preventive actions that is made for incorrect results.
- » Training must be provided to employees on internal quality control process.

External Quality Assessment Study

Which of the tests are included in which external quality program must be identified that are worked in the laboratory.

External quality assessment studies must be aware of the followings:

- » External quality assessment test sample must be worked with the same methods and must be subject to the same process.

- » Sample which is remained in the event of increase of the test sample that is made for external quality assesment must be kept in appropriate conditions until the conclusion of test.
- » The results of evaluation which is sent by the external quality assessment program must be considered by a laboratory specialist.
- » If the results of the evaluation is not suitable, root cause analysis and necessary improvement works must be done for the reason of improprity.
- » Results of the external quality assessment study, evaluated by who, reasons if there is a problem and corrective and preventive actions must be recorded.

Standard 5

Standard Code	Standard	AC Code	Assessment Criteria (AC)
SH.LH.05.00	Check of pre-analysis laboratory processes must be implemented	SH.LH.05.01	Information which is required to be in result reports must be determined.
		SH.LH.05.02	Reporting of test results timely and accurate must be ensured.
		SH.LH.05.03	Rules for interpretation of test results and clinical suggestions in reports must be determined.
		SH.LH.05.04	Process of safe and effective reporting panic/critical values must be defined.
		SH.LH.05.05	Rules related to preservation and archiving of leftover biological materials, uncompleted analysis samples and reports must be determined.

Goal

Using the results for the benefit of patient and taking necessary measures for the patients safety at test processes after the approval of the results.

Objectives

- » Patient Safety
- » Relevance
- » Permanency
- » Efficiency
- » Timing
- » Patient-Oriented

Standard Requirements

Non-laboratory processes which is held after the approval of results are composed as postanalitik and postpostanalitik processes. These processes; covers the subject of reporting of patient outcomes and use of these outcomes for the patients benefits.

Patient Result Reports

- » Minimum information must be determined by the laboratory result reports.
- » Consequently minimum time parameters that must be present in the result reports follows as;
 - The date and time of the sample has taken
 - The date and time of the sample that is accepted by laboratory
 - Date and time of the results approved
- » Clinicians' opinions and suggestions on the design of the results must be taken. Report format must be designed dynamically as limitations of the sample and interpretation of laboratory experts can be added as needed.
- » The minimum requirements about test completion time and informing on these periods follows as:
 - Emergency and other tests must be determined in different ways with considering duration of the test results, DC conditions, needs and scientific requirements.
 - When determining turnaround time; maintenance and cleaning of equipment, considering applications such as quality control activities must be based on the detection of not a short duration but an optimal one. Shortest turnaround time must be based on for emergency tests considering patient clinic.
 - Health care workers must be informed about specified period of time.
 - Patients must be informed about the time of getting results.

- How to inform must be determined when a change (equipment failures, automation issues, etc.) in the current situation for any reason.
- » Information and guidance support must be provided on the interpretation of the results for the clinician must be provided when under the rules set by the laboratory and when necessary. Here are some of the applications that can be addressed within the scope of information and guidance support on concerning the interpretation of the results:
 - Reference intervals
 - Reporting of test results on time which is in the critical value of a panic
 - Having information about working method at the test directory.
 - Adding laboratory expert reviews and recommendations
 - Additional testing applications
 - ✓ When there is a certain range or value for a specific test result, working on pre-defined and system-defined by expert clinicians and laboratory test (reflex testing)
 - ✓ Recommended tests which is advised by laboratory test results by an expert associated with the patient's clinical status and added as a result of patient-specific assessment (tests of reflection)
 - Showing traceability of laboratory processes at final report (must have the minimum time parameters) about sample and test.
 - Discussing test results of featured cases with diagnosis and treatment processes at regular meetings (with the participation of the clinical and laboratory branches).
- » Issues to be considered on the interpretation of results are:
 - ✓ Authority of adding explanatory text/comment must be only for the responsibility of relevant laboratory specialist.
 - ✓ Laboratory experts must be careful about knowledge that is used in this field for being evidence-based, adequate and up to date.
 - ✓ Final reports must be avoided for being complicated by the useless information

Panic / Critical Value Statement

- » Panic values for working tests and the rules of panic value notification process must be determined. At that point;
 - Which of the tests are done for the application of panic value.

- Which of the values will be accepted as panic value on related tests.
- What will be the rules of the notification of the results in case of the level of panic value.
- The value of panic level result which is related to test will be worked or not and whether to require the sample material or not.
- How to set up processes on a basis of test related to panic value result that repeated in the same patient.
- » Comments of the clinical branches must be determined when deciding panic values and panic value list could be changed based on clinical branch.
- » Identified panic values must be defined in the "Knowledge Management System"
- » In the event of panic, value, laboratory test results for other employees to distinguish the value-oriented, knowledge management systems, a warning system must be established.
 - Manuel studied, and the results of tests of panic values entered manually must be defined on the NEC.
 - Warning system, and laboratory information management system by an employee on the improved patient outcome can be determined before it is approved.
- » When panic value noticed according to the rules established, the patient's physician or nurse in charge must be informed as soon as possible.
- » Record must be maintained for the notification of panic value. This record must include at least the following information;
 - Patients name and surname
 - Protocol number
 - Name of the test
 - Result of panic value
 - The date and time of the test result
 - Person who makes reporting
 - Person who is informed
 - Date and time of reporting

Archiving

- » According to the type and profile of laboratory testing, necessary test repetitions for patient safety and taking legal processes in to account test

samples of biological material, increasing cases in which, how and how long to store must be defined.

- » According to the type and profile of laboratory testing, storage and archiving of process has been completed and reports to analyze the samples and rules must be determined.
- » Practible and traceable method must be applied for archieving.

Standard 6

Standard Code	Standard	AC Code	Assessment Criteria (AC)
SH.LH.06.00	Traceability of the processes related to laboratory tests must be ensured.	SH.LH.06.01	Records must be kept in regards to ensure traceability of samples and tests in all processes.

Goal

Ensuring traceability for test processes to obtain data intending to laboratory analysis and improvement processes.

Objectives

- » Activity
- » Timing
- » Patient Safety
- » Effectiveness
- » Continuity

Standard Requirements

In laboratory records, the test and sample taken must be monitored at every stage from the preanalytical process to the end of the post-analytical process.

In **laboratory information management system**, at least the following entries on the testing process must be included:

- Patients name and surname

- Protocol number
- Request date and hour
- Physician's who make the request name-- surname and department sample type
- If necessary, the body part from which the sample has been taken
- Sample's;
 - ✓ Taking date and time
 - ✓ Date and time of acceptance to the lab and by whom has been accepted
- If available, test repeat and results
- The date and time when the result is confirmed
- Name and surname of the staff who has confirmed the result and laboratory specialist

Standard 7

Standard Code	Standard	AC Code	Assessment Criteria (AC)
SH.LH.07.00	Measurement parameters related to performance measurement and improvement of laboratory processes must be determined and monitored.	SH.LH.07.01	Indicators related to performance measurement of laboratory processes must be determined.
		SH.LH.07.02	Results of indicators must be evaluated, monitored and required improvements must be implemented.

Goal

Providing identified areas for improvement, monitoring and continuous improvement converting it into a format that can be measured in performed quality studies.

Objectives

- » Patient Safety
- » Effectiveness
- » Timeliness
- » Activity
- » Continuity

Standard Requirements

- » In laboratory processes, the indicators which will provide the measurement of performance as qualitative and / or quantitative for each process must be determined.
- » The following issues must be addressed in activities for monitoring and improvement of performance via the indicators:
 - Göstergelere yönelik;
 - ✓ Display cards must be created (See Performance Measurement and Quality Improvement Section)
 - ✓ Authority must be identified.
 - ✓ The method of calculation must be determined.
 - ✓ Targets must be identified.
 - ✓ Data collection and analysis methods must be determined.
 - ✓ The improvement works must be carried out according to the results of analysis.

Support Services

Accommodation Services



Standard 1

Standard Code	Standard	AC Code	Assessment Criteria (AC)
DH.OH.01.00	All the areas at DC must be clean for the safety and satisfaction of patient, carer and personnel.	DH.OH.01.01	Risk levels must be determined in all the areas of DC to ensure the control of cleaning and infections.
		DH.OH.01.02	Cleaning rules for risk levels must be identified and DC cleaning plan must be developed and put into place.

Goal

To ensure safety and satisfaction of patient, carer and personnel by ensuring continuity and efficiency of cleaning in all the areas of DC.

Objectives

- » Patient-Orientedness
- » Patient Safety
- » Healthy Working Life
- » Efficiency
- » Continuity

Standard Requirements

Determination of Risk Levels and Cleaning Rules with regard to These Levels

- » Risk assessment for cleaning and infection control must be made in all the areas of DC.
- » Cleaning rules, material to be used and physical conditions necessary to increase efficiency of cleaning must be determined in line with the risk levels that have been determined.

Development and Implementation of DC Cleaning Plan

- » Cleaning plan and related documents must be created so as to encompass all the areas of DC and the necessary work must be undertaken.
- » The following issues must be handled at minimum in the documents:
 - Risk level that is determined based on the unit or area
 - Cleaning material to be used in the area in question
 - Rules about cleaning and safe use of material and equipment
 - Frequency of cleaning
 - Cleaning rules
 - Rules about how cleaning will be done after accidents that may cause potential mess
 - How and by whom the control of cleaning will be conducted

Standard 2

Standard Code	Standard	AC Code	Assessment Criteria (AC)
DH.OH.02.00	Processes regarding catering must be identified.	DH.OH.02.01	Safe supply and storage of the food must be ensured.
		DH.OH.02.02	Processes regarding preparation of the food under the set conditions must be identified.
		DH.TY02.03	Food must be served according to the set rules.

Goal

The provision of catering services buyer's wishes, needs, expectations and values must be realized taking into consideration.

Objectives

- » Patient-Orientedness
- » Patient Safety
- » Healthy Work Life
- » Efficiency

Standard Requirements

Supply and Storage of Food

- » Rules to pay attention to with regard to supply according to types of food (qualifications that must be sought in line with types of food, quality control criteria, minimum documents and requirements necessary for admission of the supplier, transportation of food and its delivery) must be determined.
- » Storage conditions (temperature, preservation time, packaging conditions if any, rules regarding arrangement of the food on the shelves and in the cabinets etc.) must be identified in line with types of food.
- » When storing food, expiry dates must be followed-up in an efficient manner.
- » The products in the storehouse must be arranged so as not to come into contact with the ground or wall and food products must be arranged separately.

Preparation Processes of the Food

- » Food must be prepared in a hygienic way:
 - The areas where the food is prepared must be different from other areas. (food storage areas, area where the filthy material is cleaned.)
 - All the personnel must use protective equipment such as mask, bonnet, gloves and footwear)
 - Material and equipment used while preparing food must be clean.
 - Rules about sanitation of the food (like washing fruit and vegetables) must be determined and followed.
 - Necessary conditions must be provided to ensure personal hygiene of personnel in charge of food in an efficient manner.

- » Replicate samples must be taken from food to make the necessary analyses in the case of food poisoning.
- » Cultural and moral values of the patient must be taken into account within the scope of catering services.

Food Serving

- » Food must be served in line with the types of the food and by taking into account warmth and presentation of the meal and hygiene rules.
- » There must be a cover or lid on the food.
- » Dinner trolleys and other equipment and material used in transportation and distribution of food must be cleaned and disinfected.
- » The personnel distributing the food must use equipment like bonnet, gloves and mask.

Standard 3

Standard Code	Standard	AC Code	Assessment Criteria (AC)
DH.OH.03.00	Laundry services must be provided in a safe and efficient manner to ensure patient and personnel health at DC.	DH.OH.03.01	Processes regarding the delivery of laundry services must be identified.
		DH.OH.03.02	The laundry room must be arranged so as to ensure efficient conduct of service processes.
		DH.TY.03.03	Rules regarding the use of laundry equipment must be determined.

Goal

The goal is to make sure that laundry services provided in DC are safe in terms of patient and employee health.

Objectives

- » Patient-Orientedness
- » Patient Safety
- » Healthy Work Life
- » Efficiency

Standard Requirements

Identification of Processes

Processes regarding collection, transport, sorting out, washing, ironing of all the textile products used in DC, distribution of the washed products to the areas where they will be used, storing the products and arrangement of the laundry room must be identified.

Laundry Room

- » Laundry room must have enough space for washing, drying, ironing and storing; there must be separate areas for clean and dirty laundry.
- » The floor and walls of the laundry room must be made of smooth and strong material that is easy to clean.
- » Ventilation and lightning conditions must be appropriate so as to make sure the laundry is clean in an efficient manner and to ensure safety and comfort of the personnel.
- » Rules must be determined about the use of equipment in the laundry room and cleaning, maintenance, repair and control of the equipment must be ensured.
- » Relevant personnel must be trained on the use of equipment in the laundry room.

Standard 4

Standard Code	Standard	AC Code	Assessment Criteria (AC)
DH.OH.04.00	The physical areas used by patients/carers must be safe and ergonomic	DH.OH.04.01	All departments providing service must be designed in a way that ensures comfort of the patient.
		DH.OH.04.02	Action must be taken to ensure easy access of the patient to the relevant health personnel.

Goal

To boost the morale and motivation of patients/carers by making sure that they are in a safe and comfortable environment.

Objectives

- » Patient-Orientedness
- » Patient Safety

Standard Requirements

Patient Comfort

- » The following aspects should be taken into account with respect to the services rendered at the DC:
 - Clean and spacious DC service areas,
 - Waiting areas to sit and relax when needed,
 - Regulation of compulsory areas such as stairs, elevators, toilets, bathrooms, car parking areas in regard to needs of the patient (geriatric patients, pediatric patients, disabled patients etc.)
 - Deleting factors that are dangerous to the safety of the patient

Convenience of Physical Areas

- » Ventilation and lightning conditions must ensure safety and comfort of the patient in DC.
- » There must be the furniture necessary for patients (locked cabinet) in DC.
- » The position of patient beds must be adjustable and must ensure safety of the patient.
- » **In the area of dialysis treatment** there must be the equipment and material necessary for diagnosis and treatment of the patient. This equipment and material must be cleaned and disinfected.
- » Areas must be determined to meet cleaning needs of patients and carers. There must be material necessary for personal hygiene in these areas.
- » An area must be created so that patient and carers can have rest.

Ensuring Easy Access to the Health Personnel

- » Action must be taken to make sure that patient and carer can access the health personnel if needed in the areas of personal hygiene (a call bell etc.)
- » Patient/carers must be informed about how to use the call system.

Standard 5

Standard Code	Standard	AC Code	Assessment Criteria (AC)
DH.OH.05.00			Precautions should be taken in DC to ensure safety of life and property of patient/carer and the personnel.

Goal

The goal is to ensure safety of life and property of patient/carer and the personnel in DC in an effective and efficient manner.

Objectives

- » Patient Safety
- » Healthy Work Life
- » Efficiency

Standard Requirements

Planning of Safety/Security Services

- » There must be a plan in place to protect DC and people within DC from all kinds of threats, dangers and harm such as sabotage, theft, looting and blow and to maintain surveillance, supervision and control services in an uninterrupted manner.
- » There must be a security officer and security equipment in the designated areas of DC (surveillance camera, alarm system etc.) Storage times for security camera records must be determined.
- » Working area, time and terms of reference of security officers must be determined.

Ensuring Security of Patient/Carer

- » Risk analyses must be made in the field of safety of life and property and necessary measures must be taken.
- » Risk analyses must encompass all the areas and units of DC. There must be areas where patients and carers can safely keep their personal belongings.
- » Reporting process about events that threaten safety of life and property must be identified.
- » Necessary improvement work must be undertaken as a result of the analyses made.



Facility Management

Standard Code	Standard	AC Code	Assessment Criteria (AC)
DH.TY.01.00	A quality facility management structure and process must be established to ensure the quality and safety of dialysis services.	DH.TY.01.01	Responsible for planning and coordinating activities related to facility management must be formed.
		DH.TY.01.02	Risks originating from the facility must be detected and necessary measures must be taken.
		DH.TY.01.03	Continuity and safety of core facility resources must be ensured.
		DH.TY.01.04	Arrangement should be made for the control of pure water produced in the dialysis unit.
		DH.TY.01.05	Issues related to physical conditions and operations must be periodically.
		DH.TY.01.06	There must be arrangements facilitating access to departments inside DC.
		DH.TY.01.07	Measures must be taken to facilitate access to services by patients who are disabled, old or in need of help due to illness.
		DH.TY.01.08	Physical arrangements must be made to ensure the comfort of service users.



Goal

To establish the necessary infrastructure for permanent, safe and easily accessible service delivery for the patients and the personnel.

Objectives

- » Efficiency
- » Patient Safety
- » Patient-Orientedness
- » Timeliness
- » Continuity
- » Healthy Work Life

Standard Requirements

Management and Documentation

- » Responsibles must be formed in order to ensure planning and coordination of facility management-related activities. The duties and responsibilities of the personnel involved in facility management must be defined.
- » Core and critical processes regarding facility management must be defined, and methods and rules thereof must be determined. The documents to be generated for this purpose must include at least the following:
 - Duties and responsibilities of the facility management responsables and supervisors
 - Processes related to the identification of the current status of the health facility
 - Improvement processes
 - Core facility resources
 - Access to facility services
 - Facility safety

Determination of Current Status and Improvements

- » Current physical status and functional service efficiency of the health facility must be evaluated at regular intervals or when necessary.
- » Risk analyses must be performed for facility safety.

- » Necessary improvement activities must be carried out with regards to the current status and results of the risk analysis.

Please See Risk Management chapter

Core Facility Resources and Safety

- » Continuity of core facility resources (Electricity, water natural gas, heating, cooling medical gas etc.) must be ensured for the uninterrupted delivery of healthcare services.
- » A water purification system must be established which ensures producing highest quality water which is used for dialysis treatment via latest technological methods in compliance with determined rules within relevant legislation.
- » Timely maintenance and checks of core facility resources in all systems must be performed.
- » All the negativity in systems for detecting quality improvement studies should be carried out.
- » Backup systems must be set in the case of possible critical errors. The risky areas covered by these systems must be determined by the facility management responsible.

Control of Pure Water

- » Water refinement system must be set up for the purpose of getting Pure Water.
- » Daily controls shown below, should be made for Pure Water;
 - Pure water conductivity
 - Water hardness
 - Chlorine content
 - Acidity-alkalinity (pure water-raw water) feature

Access to Facility Services

Necessary arrangements to access the departments inside the DC must be provided to ensure patient and caretaker satisfaction and timely treatment. Necessary physical and functional arrangements must be realized, with the groups of disabled patients and patients in need of special care. These arrangements must include at least the following:

- Guiding signs and services
- Waiting areas used by patients, carers and visitors
- Comfort and safety of
- DC wide arrangements for the disabled, the elderly or patients in need of help due to their illness
- Environmental arrangements (car lots, landscape, etc)

Waste Management



Standard Code	Standard	AC Code	Assessment Criteria (AC)
DH.AY.01.00	Safe and effective management of waste produced at DC must be ensured to protect human and environmental health.	DH.AY.01.01	A Waste Management Plan must be prepared.
		DH.AY.01.02	Waste must be sorted at the source.
		DH.AY.01.03	Necessary steps must be taken to ensure that waste is transported, temporarily stored and disposed in appropriate conditions.
		DH.AY.01.04	Personnel involved in waste management must be trained.

Goal

To prevent waste from harming human health and the environment starting from the composition of the waste at DC until its delivery to the competent authority for the disposal.

Objectives

- » Patient Safety
- » Patient-Orientedness
- » Healthy Work Life

Standard Requirements

Preparation of Waste Management Plan

- » A Waste Management Plan must be prepared at DC. The Waste Management Plan must include at least the following:
 - Source, amount and types of waste
 - Measures related to the minimization of waste at the source
 - Equipment and tools to be used in waste management
 - Collection frequency and rules
 - Temporary storage systems
 - Cleaning and disinfection of relevant equipment
 - Measures to be taken in the case of an accident
 - Training of the personnel assigned to collect and transport waste
 - Determining the institution to which the waste will be delivered
 - Delivery of waste
 - Monitoring of waste processes
- » Waste management supervisor must be identified.

Waste Sorting at Source

- » Waste must be defined at least in the following categories/types:
 - Domestic Waste
 - General domestic waste
 - Packaging waste
 - Medical Waste
 - Infectious waste
 - Pathogenic waste
 - Sharpy waste
 - Hazardous Waste

Waste generated must be sorted in accordance with their type.

- » Waste must be put in separate bags/boxes having the required properties in accordance with their types.
- » The amount of medical and hazardous waste must be measured and monitored on the basis of DC and unit. Processes related to waste should be examined in terms of requirements for reducing waste quantities.
- » Arrangements must be made for recyclable waste.

Waste Transportation, Temporary Storage and Disposal Operations

- » Waste must be collected by personnel trained to perform such tasks.
- » The clothes worn by the personnel assigned with the collection and transportation of waste must possess the necessary properties.
- » The collection and transport of waste should be carried out as far as possible from areas where human traffic is concentrated.
- » Waste must be collected at the temporary storage area.
- » There must be containers or temporary waste storerooms in sizes suitable to the size of DC and having the suitable properties.
- » Waste must be stored temporarily in such a way as not to exceed the maximum waiting period determined within the scope of the national legislation.
The stored waste must be submitted to the competent authority for the ultimate disposal.
Waste storerooms must be cleaned and disinfected.

Waste Management Trainings

Personnel working on waste management must be trained. Trainings must include at least the following:

- » Types of waste and sorting of waste in accordance with their types
- » Collection, transportation and temporary storage of waste
- » Health risks, injuries and diseases which might be caused by waste
- » Measures to be taken in the case of an accident or injury



Information Management

Standard Code	Standard	AC Code	Assessment Criteria (AC)
DH.BY.01.00	A safe and effective information management system must be present at DC.	DH.BY01.01	Those in charge of carrying out and coordinating activities related to information management must be identified.
		DH.BY01.02	The necessary technical and supporting infrastructure must be established for the efficiency of information management.
		DH.BY01.03	Measures must be taken for the security of medical records that are physically stored.
		DH.BY01.04	Necessary measures must be taken to ensure information security and confidentiality.
		DH.BY01.05	It must be ensured that the information is timely and continual.
		DH.BY01.06	Personnel must be trained for effective ensure of information management.

Goal

To ensure that medical and personal information obtained in the DC processes are recorded and stored properly and safely, and to ensure the communication of the needed information to the right person at the right time.

Objectives

- » Efficiency
- » Patient Safety
- » Timeliness
- » Continuity
- » Healthy Work Life

Standard Requirements

Management and Documentation

- » Information management supervisors must be identified, and their roles and responsibilities must be defined. The supervisors must identify the current situation in information management, detect the possible risks in the processes and initiate the necessary corrective and preventive activities.
- » Information to be used in the information management process and the methods and rules pertaining to those must be determined with the needs and critical processes of DC in mind. Documents to be prepared must comprise at least the following topics:
 - Physical and technological measures
 - Information security
 - Information confidentiality
 - Information continuity
 - Access to external information sources
 - Authorization
 - Remote access

Technical Support Infrastructure

Risks related to hardware and software problems must be detected, against which measures must be taken for the uninterrupted operation of information management systems.

Information Security and Confidentiality

- » The confidentiality and security of personal or medical, written or electronic information obtained about personnel or patients is essential. Access to these records must be limited by way of authorization, and access by external sources must be under control.
- » What information can be accessed by the users and when and how they can access it within the scope of the authorization must be defined; measures must be taken against unauthorized access.
- » Computers connected to information management at DC must be monitored to track unauthorized access.
- » Data must be backed up on a regular basis in order to prevent data loss in cases of failure or unauthorized access; regular maintenance and tests must be performed on the servers to prevent failures, and the operation systems or software used in the server must be up-to-date.
- » A system must be set to track the changes or deletion in the data when there is unauthorized or erroneous interference with the data from internal or external sources.
- » Physically stored medical records must be stored in such conditions as to prevent any harm to the records, within the rules of the relevant legislation. The necessary physical and functional measures must be taken, and security of written information must be ensured for these types of records.

Timeliness and Continuity of Information

- » Cases where information management systems have been disabled to make sure healthcare services are delivered on time and to ensure continuity, or where there are slowdowns or failures in the systems must be tracked, improvement must be made and it must be ensured that the information is timely.
- » Retrospective follow-up of all the information collected must be performed in information management systems; thus, the continuity of information must be ensured.

Material and Device Management



Standard Code	Standard	AC Code	Assessment Criteria (AC)
DH.MC.01.00	Efficient, effective and safe use of materials and devices must be ensured.	DH.MC.01.01	Those in charge of management of materials and devices must be determined.
		DH.MC.01.02	Materials and devices must be determined and supplied in accordance with the needs of the institution.
		DH.MC.01.03	Materials must be conserved in proper conditions.
		DH.MC.01.04	Necessary physical conditions must be met to ensure that the devices work in proper working conditions.
		DH.MC.01.05	Personnel must be trained in material and device management.
		DH.MC.01.06	Necessary maintenance, calibration, adjustments and tests of the devices needed must be conducted.
		DH.MC.01.07	Rules must be set to ensure safe and effective use of materials and devices, the necessary protective material and information concerning the devices must be available.



Goal

To ensure that materials and devices to be used are supplied in a timely manner and are used safely, with a view to guarding the needs of the patients and the personnel.

Objectives

- » Efficiency
- » Suitability
- » Healthy Work Life
- » Productivity
- » Timeliness

Standard Requirements

Management and Documentation

- » In order to provide an effective management of materials and devices, all those in charge of planning, coordination and carrying out of all the processes must be determined; the tasks assigned to these people and their responsibilities must be identified.
- » Methods and rules regarding the procurement, storage, tracking and use of materials and devices must be clearly identified. Documents regarding material and device management must be generated taking into consideration the needs of the DC and the critical processes. Documents to be generated must comprise at least the following:
 - Tasks and responsibilities of staff working on material and device management
 - Detection of material and device needs
 - Procurement of materials and devices
 - Storage of materials
 - Material orders
 - Transfer and preparation of materials
 - Safe use of materials and devices
 - Indicators for management of materials and devices
 - Methods of intervention for dangerous situations which might occur during use of materials and devices
 - Materials and devices possessing special properties, requiring special storage conditions or require specific technique or expertise to use
 - Maintenance, adjustment and calibration of devices

Procurement of Materials and Devices

- » Necessary measures must be taken for the timely procurement of the right materials and devices in order to ensure efficient delivery of healthcare services at DC.
- » Rules and methods regarding the procurement requests for materials and devices must be determined. Within the framework of this action, DC must determine who can request materials and devices, the method for the request, and by whom and how the requests would be assessed.
- » Materials routinely used or compulsory to keep must be detected, their critical stock levels must be determined and tracked.
- » Procurement requests and consumption analyses must be taken into consideration while carrying out assessments to determine the types and quantity of materials and devices to be procured.

Storage and Transfer of Materials

- » Unauthorized access to identified material storerooms and all the unit storages where medical consumption materials are preserved for over 24 hours must be restricted in line with patient safety and security.
- » Materials must be preserved in suitable preservation conditions in the storage areas in accordance with their properties. For this purpose, the necessary measures must be taken, and these measures must be monitored.
- » Storage layout plans must be developed to ensure easy access to materials by the personnel and to prevent time loss in emergencies; the plans must be kept up-to-date.
- » Measures must be taken against breaking and spilling during transfer, and the necessary equipment for safe transfer must be provided. The transfer personnel must be trained in the safe transfer of materials, and regarding special-property or hazardous materials.

Safety of Devices

- » Protective equipment for the devices, information on safe usage information and guides must be available at usage areas; the relevant personnel must be trained in safe use of the devices.
- » Physical arrangements in the areas where the devices are present must be realized in accordance with the working conditions of the devices.
- » Calibrations, adjustments, tests and/or maintenance must be realized as frequently as stated in the technical documents of the manufacturers, in such a way as to meet the needs of the DC and in line with the usage intensity and within a plan, for the purposes of safe operation, obtaining correct results, keeping the harm which might occur at a minimum.
- » It must be ensured that devices requiring special technique/equipment/expertise (Dialysis machined, autoclave, generators, etc) are used by trained and authorized persons.



Outsourcing

Standard Code	Standard	AC Code	Assessment Criteria (AC)
DH.DK.01.00	The services provided through outsourcing must be in line with the core policies and values of DC and Standards of Accreditation in Health.	DH.DK.01.01	The services to be outsourced must be determined in line with the core policies and values of DC.
		DH.DK.01.02	Scope and process of the outsourced services must be defined.
		DH.DK.01.03	It must be ensured that outsourced services will comply with Health Accreditation Standards.

Goal

To ensure that the services provided through outsourcing are in line with the core policies and values of DC and that they are provided in line with the targets determined in the Standards of Accreditation in Health.

Objectives

- » Patient-Orientedness
- » Continuity
- » Productivity
- » Safety
- » Effectiveness
- » Efficiency



Standard Requirements

Determining the Services to be Provided through Outsourcing

- » Based on core policies and values, the reasons for the need to outsource and the targets aimed at the service to be provided must be determined.
- » DC must conduct a needs analysis and make assessments on the services to be provided through outsourcing, and must determine its strategy.

Defining the Scope and Process of Outsourcing

- » The services which the external service provider will provide for DC must be clearly defined and the completion process must be determined.
- » Business processes must be clearly and precisely defined.
- » The number and qualifications of the personnel, the equipment and devices required for the external service provider to carry out its activities must be determined.

Compliance with the Standards of Services Provided through Outsourcing

- » In accordance with the defined scope and business processes, methods for constant check of the services provided through outsourcing and checking criteria along with performance indicators must be identified.



Emergency Management



Emergency Management



Standard 1

Standard Code	Standard	AC Code	Assessment Criteria (AC)
AD.AD.01.00	Measures must be taken against cases like natural disasters or events that necessitate extraordinary response, intervention, first aid or evacuation.	AD.AD.01.01	Risk analyses must be conducted on events that require extraordinary response and intervention, first aid or evacuation and necessary measures must be taken.
		AD.AD.01.02	Planning must be done for preventive measures determined and possible emergencies.
		AD.AD.01.03	Trainings must be provided on emergency management and drills must be conducted.

Goal

To define the requirements to prevent people or physical elements from being harmed or to minimize that harm in emergencies such as natural disasters like earthquakes and floods, or in emergencies which would require medical intervention such as fires or explosions at DCs.

Standard Requirements

Risk Analyses

DC must determine the specific situations for the preventive measures needed to be taken for incidents requiring extraordinary response and intervention, analyze which emergency situations may bring about what kind of dangers at the institution and must put forth what the necessary preventive measures must be.

Planning

- » DC must plan for the implementation of the preventive measures determined for the emergencies. The planning for the preventive measures must include at least the following:
 - Deciding which preventive tasks must be performed
 - Planning the necessary preventive investments and activities
 - Budgeting investments and activities
 - Constant reviewing through drills and observations done to see whether the measures and implementations developed serve their purpose
- » What to do in case an incident requiring extraordinary response takes place, despite necessary preventive measures taken against possible emergencies which might take place at DCs, must be pre-planned as well.
 - An emergency management team must be formed at DC and its responsibilities must be defined.
 - Infrastructure which would make the management of emergencies easier (emergency alert system, communication system, etc) must be planned.

Trainings and Drills

The most important point about emergency management is the fact that one must be prepared to emergencies that could be occurred. Training should be carried out at the determined frequency to create awareness in personnel, to cover all relevant processes and to minimize the risks at the time of the incident.

Standard 2

Standard Code	Standard	AC Code	Assessment Criteria (AC)
AD.AD.02.00	Timely interventions must be performed in the case of respiratory or cardiac arrest.	AD.AD.02.01	An emergency alert system defined with Code Blue must be formed for timely intervention in cases of respiratory arrest and/or cardiac arrest.
		AD.AD.02.02	Those in charge of management of the emergency alert system must be determined.
		AD.AD.02.03	Intervention team/teams must be determined.
		AD.AD.02.04	Medicines and equipment to be used in the procedures must be specified.
		AD.AD.02.05	Records must be kept about interventions performed.
		AD.AD.02.06	Code Blue trainings must be provided and drills must be conducted.

Goal

To define the requirements for the fastest and most effective intervention to take place in cases of respiratory or cardiac arrest at DC.

Standard Requirements

Emergency Alert System (Code Blue)

- » An emergency alert system must be put in place in order to respond in the shortest time possible to the patients, carers and all the personnel who need emergency medical intervention.

- » The emergency alert system must be structured in such a way as to cover the whole of DC and to enable reaching the scene of incident in the shortest time possible at any time of day (3 minutes at the latest), taking into consideration the size of the institution and whether the institution comprises multiple buildings. The call system to be set up for the emergency alert system must be designed in such a way as to inform the personnel in a timely manner, ensure efficient and fast communication through short and clear messages, and prevent panic.

Supervisors

- » Code Blue supervisors must be identified so as to ensure effective operation in line with DC structure and type.
- » The responsibilities of the Code Blue supervisors must include at least the following: trainings for the personnel, identifying the Code Blue intervention teams, organizing drills, tracking records, initiating corrective-preventive activities when necessary.

Intervention Teams

- » There must be at least one physician and one other health professional trained in CPR (Cardio-Pulmonary Resuscitation) present in the Code Blue intervention team. The intervention team is responsible for going to the scene of the incident for which a Code Blue call has been alerted and for performing the intervention.
- » There must be arrangement in place for during the center's working hours active functioning of the Code Blue alert system.

Medicines and Equipment

- » The medicines and equipment that would be needed must be determined beforehand and an emergency response kit must be prepared. The emergency response kit must have at least the following: laryngoscope set and additional batteries (according to patient profile; for example, for children and adults appropriately), balloon-valve-mask system, masks in different sizes, oxygen pipe and masks, intubation tube (according to patient profile; for example, in child and adults appropriately), auxiliary airway tools (laryngeal mask, airway or kombi tube, etc), injectors, personal protection equipment.

Record-keeping

- » Records must be kept about the intervention performed following Code Blue call. The following information must be present at least in the records kept:
 - When the call was made
 - Information about the person who needed intervention
 - Which interventions were performed
 - Where the interventions were performed

- When and in how much time the team arrived at the scene of intervention
 - Result of the intervention
 - Who was present in the intervention team
- » Analyses must be performed on the records kept and the results acquired from this practice must be periodically monitored.

Trainings and Drills

- » Trainings to be provided for all the staff from managers to department staff, from cleaning personnel to security officers, regarding the importance of Code Blue and how it would be implemented must be planned.
- » Drills regarding Code Blue must be conducted at least once a year. Records must be kept about the drill, the results of which must be assessed, and the necessary corrective measures must be taken.

Standard 3

Standard Code	Standard	AC Code	Assessment Criteria (AC)
AD.AD.03.00	Timely intervention must be ensured in cases where the health professional is exposed to a risk of violence, or an act of violence is directed towards him/her.	AD.AD.03.01	An emergency alert system defined with Code White must be in place for intervention in cases where there is a risk or and actual act of violence towards health professionals.
		AD.AD.03.02	Those in charge of the management of the emergency alert system must be determined.
		AD.AD.03.03	Intervention team/teams must be determined.
		AD.AD.03.04	Code White trainings must be provided and drills must be conducted.

Goal

To ensure intervention in the shortest time possible in the case of a risk/ attempt of violence, or when an actual act of violence is directed towards health professionals working at DC.

Standard Requirements

Emergency Alert System (Code White)

- » An emergency alert system must be established for cases of risk/act of violence towards health professionals.
- » The emergency alert system must be structured in such a way as to cover the whole of DC and to enable intervention at any time of day, taking into consideration the size of the institution and whether the institution comprises multiple buildings. The call system to be set up for the emergency alert system must be designed in such a way as to inform the personnel in a timely manner, ensure efficient and fast communication through short and clear messages, and prevent panic.

Supervisors

- » Code White supervisors must be identified by DC so as to ensure effective operation in line with DC structure and type.
- » The responsibilities of the Code White supervisors must at least include the following: trainings for the personnel, organizing the drills, tracking records, initiating corrective-preventive activities when necessary.

Intervention Teams

- » How the relevant staff, led by security officers, will intervene, and unit and institution- based measures will be implemented when there is a Code White alert must be determined. Security officers at DC are responsible to intervene in the incident taking place in their area of responsibility as determined in Code White system.
- » There must be arrangement in place for during the center's working hours active functioning of the Code White alert system.

Record-keeping

- » Records must be kept about the intervention performed after the Code White call. The following information must be present at least in the records kept:
 - When the call was made
 - Information about the person who needed intervention and the person who committed the act of violence
 - Reason for the act of violence
 - How and where the intervention was performed
 - When and in how much time the team arrived at the scene of intervention
 - Result of the intervention
 - Who were present in the intervention team
 - Information about notification of legal authorities about the incident

- » Analyses must be performed on the records kept and the results acquired from this practice must be periodically monitored.

Trainings and Drills

- » Trainings to be provided for all the staff from managers to department staff, from cleaning personnel to security officers, regarding the importance of Code White and how it would be implemented must be planned.
- » Drills regarding Code White must be conducted at least once a year. Records must be kept about the drill, the results of which must be assessed, and the necessary corrective measures must be taken.

Standard 4

Standard Code	Standard	AC Code	Assessment Criteria (AC)
AD.AD.04.00	There must be an arrangement in place to ensure timely response to fire.	AD.AD.04.01	There must be a fire detection system.
		AD.AD.04.02	Emergency alert system defined with Code Red must be established to respond in time in the case of fire.
		AD.AD.04.03	Those in charge of management of the emergency alert system must be determined.
		AD.AD.04.04	The equipment to be used while responding to fire, rules regarding safe use of this equipment, signs and instructions to be taken into account in the case of fire must be identified.
		AD.AD.04.05	Trainings must be provided on Code Red and drills must be conducted.

Goal

To minimize and/or prevent any danger or harm by responding quickly to fire, in the case of danger of fire at DC.

Standard Requirements

Fire Detection System

- » There must be a fire detection system at DC covering all the areas, not being affected by power blackouts and which can perform addressing.

Emergency Alert System (Code Red)

- » An emergency warning system must be set at DC to respond to fire in a timely manner. The emergency warning system to be set must be audiovisual, taking into consideration the size of the institution and whether the institution comprises multiple buildings. While setting the emergency warning system, coordination must be ensured with such bodies as the fire department etc.
- » The emergency warning system to be defined with Code Red must be set in such a way as to inform the institution's staff, ensure efficient and fast communication in the case of risk, enable the communication of short and clear messages, save time for correct intervention, and prevent panic.

Supervisors

- » Code Red supervisors must be identified by DC so as to ensure effective operation in line with DC structure and type.
- » The responsibilities of the Code Red supervisors must include at least the following: trainings for the personnel, organizing the drills, tracking records, initiating corrective-preventive activities when necessary. Supervisors must also follow the legislation on fire prevention and extinguishment, and monitor the implementation of the necessary arrangements.

Response to Fire

- » How the relevant staff will respond, how the unit- and institution-based measures will be implemented, and who will be present in the fire response team or who would notify the fire department in the case of incidents where response is not possible when a code red alert is given, must be determined.
- » Tools and equipment such as fire hydrants, fire extinguishers and fire hoses must be identified, and rules regarding their use must be defined. Also, the usability and operability of the equipment must be periodically checked.

Trainings and Drills

- » Trainings to be provided for all the staff from managers to department staff, from cleaning personnel to security officers, regarding the importance of Code Red and how it would be implemented must be planned.
- » Drills regarding Code Red must be conducted at least once a year. Records must be kept about the drill, the results of which must be assessed, and the necessary corrective measures must be taken.

DEFINITIONS
and
ABBREVIATIONS



Accommodation Service: In the health facility, except of the scope of medical services, they are services offering the accommodation, cleaning, washingservices for patient's relatives and staff, also food service for employees and ensuring to give these services in a safety environment which provides life and property safety.

Adverse Event: Events that may or does affect the safety of patient, relatives, employees or the other people negatively in health facilities.

Adverse events related to patient safety may occur in the terms of drug safety, transfusion safety, facility safety, falls and information security.

Adverse events related to employee safety may occur in the terms of stab wounds, facility safety, occupational infections, contact with blood and body fluids.

Analytic Period: Test processes between sample analysis and approval of the results

Antisepsis: Killing of microorganisms in or on living tissue or inhibition of reproduction of these microorganisms is called antisepsis.

Asepsis: The measures taken to avoid the migration of germ to clean surface, medium or material is called asepsis.

Basic Policy: Determining the health facility's mission and vision with corporate goals and objectives.

Calibration: A number of processes correlating between the values which a measuring device or measuring system show and known values of measured ones under certain circumstances.

Chemical Waste: Gas, solid or liquid waste of chemicals used in medical fields such as treatment or diagnosis and which may be harmful to the health of humans and the environment with various effects.

Code of Document: Providing traceability of the document, the document management system directory refers to the identification system established in accordance with the rules set by institutions and organizations.

Consent Document: Applied for medical Treatment, process will be transferred to the patient by health care providers with information and documents are created to get the consent of the patient.

Container: Temporary storage unit with 0,8 m³ volume at least, wheel, cap, caps lock, made of stainless metal, plastic or material and so on.

Contamination: Being infected with foreign matter. Transition of bacteria and virus from contaminated surface to another.

Contraindication: Situation that prevents a treatment administration or discovery of patient status/complication that prevents treatment or intervention.

Corporate Communications: In the process of production and management; institution that make up the information flow between departments and elements, motivation, integration, education, decision making and control functions such as implemented in the framework of certain rules in order to ensure, and the process carried out taking into consideration the reputation of the institution while interacting with the external communication.

Date of Publish: The documents was referred to date of publish.

DC: Dialysis Center

Decontamination: As well as, as a word includes all applications for removal of micro-organisms or organic soils (cleaning, disinfection, sterilization), it is used in the meaning of removal of organic substances and pathogens from a surface or material by pre-cleaning process comprising physical and / or chemical methods and making the surface or material useable without using any personal protective before sterilization or disinfection in practice.

Dialysis: General term for dialysis method practices in order to remove residual liquid and toxic matters accumulated in body due to kidney failure or other reasons

Dialysis Center: In general, defines one day treatment institutions formed in comply with relevant legislation in which hemodialysis and/or peritoneal dialysis methods are practiced on adult and child dialysis patients.

In Turkey, consists of the following units:

- Dialysis Units in Public Hospitals
- Dialysis Units in University Hospitals
- Private Dialysis Centers

Disinfection: The process of destruction or stopping reproduction of the majority or all of the pathogenic microorganisms (except bacterial spores) on inanimate surfaces. Disinfection process is considered in 3 three groups high, medium and low disinfection according to the affect levels of bacterial spores and mycobacteria.

Document: Environments containing the information.

External Document: Document not prepared by the institution itself, but benefited from the realization of the activities.

External Quality Assessment Programme: Programmes in which laboratory analytic performances are assessed in determined periods.

External Quality Assessment Test Sample: In the scope of external quality assessment programmes, unknown test sample which is prepared by quality assessment center and is sent to participant laboratories in regular intervals.

Facility Management: For health facility in order to achieve its purpose, it is coordination of all activities related to planning, application and management of necessary working environment physical and functional arrangements which provides the best way to meet the growing health care needs.

Form: Document prepared for filling write the desired data or information.

Goal: Refers to the general results that the organisation wants to reach in the long term.

Guide: The document was created for informational purposes and guiding activities.

Hand Hygiene: It is a general term referring to any action of handcleansing.

Handover: In order to ensure the patient safety and continuity of care, it is a transfer of patient's special information from a caregiver to another or from a system featured in an organized team to another with a modern interaction process transferred in an interactive way.

Hazardous Waste: Genotoxic, pharmaceutical and chemical wastes arising from units and wastes containing heavy metals and pressurized containers.

Healthcare Associated Infection: These infections are the ones which develop after the patient is admitted to the health facility and which are not on incubation period on admission. Service associated infections after discharge and occupational infections are included in the matter.

Hemodialysis: Standard, hemodiafiltration and other dialysis methods practiced at dialysis centers or home via hemodialysis device by the use of artificial membranes

High Risk Medicine: These are the medicines that are therapeutics and maximum dosages are close to each other. When used in a wrong way, these can affect the patient negatively irreversibly or permanently.

High-Level Disinfection: Some of the chemicals may kill all spores by long term (3-12 hours) treatment in similar concentrations but in a shorter treatment period (e.g. 20 minutes with glutaraldehyde) the same disinfectant kills all microorganisms except bacterial spores. This process is called high-level disinfection.

Household Waste: Non-contaminated wastes, which is mainly originated from kitchen, garden, and administrative units

IMS: Information Management System. Trained users and devices connected to the computer through a network of institutions, every effort is made to perform with electronic software to maintain the record.

Indication: It is a term, which refers to situations, in which should be done an application, a treatment or a process.

Indicator: When a topic becomes digitized and measured, this is a tool that contributes to making improvement activities.

Infectious Waste: All kinds of body fluids and human tissues, organs and other pathological material; blankets, sheets, bandages, adhesive tape, tampons, swab and other wastes; bacteria and virus retaining air filters which known as infectious agents carriers or likely to carry them.

Information Security: It means to protect the information from damages and to prevent obtaining the information by unwanted users in any environment using the appropriate technology in the right way for their right purpose.

Institution: Dialysis Centers which provides service actively in Republic of Turkey

Institutional Structure (Design): Institutional structure includes authorities and responsibilities in institution and forming communication channels. Organizational structure of the health institution is formed after these studies. This structure is shown in the organization scheme. In the organization schemes, positions in the institution, units, departments and authority, responsibility and communication relations between them are shown.

Instruction: A single document containing the steps of the activity.

Intended Population: Employees of the company, people who get the service and all the people that interact with the organization and institutions (media, insurance agencies, suppliers, government agencies, non-governmental organizations, universities, local government units, community leaders, experts, etc.)

Internal Quality Control: Control of measurement performance against known samples

Isolation Precautions: Activities carried out and measures to prevent transmission of a pathogen microorganism from person to person, from person to environment or vice versa.

List: Similar items listed consecutively in a document.

Low Level Disinfection: In this process, in a short time (less than 10 minutes) most of the vegetative bacteria, some fungi and some viruses die.

Matrix Structure: Matrix structure is the use of both functional and sectional structure at the same time in the health institution. For example, services provided in operation room require coordination of people and units that have different functions and from different departments.

Medical Gas: Gas that is produced and packed to be used in anesthetic processes or diagnosis and treatment interventions.

Medical Intervention: In the purposes of disease diagnosis/treatment and

protecting health, physical and psychological interventions within medicine limits in accordance with occupational responsibilities and standards by people who have authority to practice medicine.

Medical Waste: Infectious, pathologic and penetrating wastes which results from units.

Mission: It is the pure and general object, which determines the reason of health facility's being, its philosophy with provided products and services that lays down their unique differences and separate them from other health institutions.

Morbidity: Incidence of disease

Narcotic Medicine: These are medicines that are like morphine and has pain killer specifications, natural, semi artificial and artificial and these may cause strong physical and psychological addiction.

Objective: States short term processes for reaching the goals. Objectives are more open and has measurable features comparing to goals.

Organization Scheme: It is a graphic that shows institutional structure as a whole and it also shows various relations between service units in a comprehensive order.

Outsourcing: It's the method of providing some services which take part in the hospital but not offered from an institution or organization out of the facility.

Patient Care: Patient care is all of provided health services to patient which encompasses the whole health service processes starting from admission of the patient to monitoring of the patient after treatment.

Peritoneal Dialysis: Via peritoneal cavity and peritoneal membrane, continuous out-patient peritoneal dialysis, peritoneal dialysis by the use of devices and combinations of these

Personal Hygiene Area: In accordance with the hygiene rules, these are the areas like toilets, baths or sinks, which provides body cleaning and meets hygiene needs.

Plan: the intended purpose ensure achievement of steps, what, when, why and document that shows how to do it.

Post-analytic Period: Post-analysis processes after approval of the results

Post-postanalytic Period: Interpretation of the results for patients' benefit and determination of additional test requirements, and also in the term of making the right decision for diagnosis, treatment and follow-up of patients, provision of information and guidance support by laboratory.

Pre-analytic Period: Covers all steps consisting of taking sample, transfer, sample acceptance to laboratory, storage and analysis preparation after patient test order until analysis period

Pre-preanalytic Period: Period for patient test order

Primary Facility Resources: It expresses the need of minimum formation of the infrastructure of technologies which will be used in the provision of health care (water, electricity, air conditioning and medical gas systems, etc.).

Privacy: Represents the living area of the patient that has to be clarified for the patient's care, treatment (test results, information about the disease and treatment) or for any other reason but hiding them from all other individuals in the society.

Procedure: Document describing how the execution of the activities of a process.

Promotion and Enhancement of Health: is the course in which people increase the control on their health and are able to enhance it. Promotion and enhancement of health represents a social and political progress. It does not only mean the activities that increase the skill and capacity of individuals but also changing social, environmental and economic conditions, thus it also means the activities aimed at easing their impacts on the health of society and individuals. Promotion and enhancement of health is the course of increasing the control on health determiners (such as biological, environmental, economical, social and life style elements) and thus it is the progress of enhancing their own health.

Psychotrope Medicine: These are the medicines that affect central nervous system and cause some temporal changes in sense, mood, consciousness and behaviors by changing the functions of the brain. And also these may cause physical addiction when used for a long time.

Revision Date: The document was last updated refers to the date.

Revision Number: The document is updated refers to the number of times.

Risk analysis: It refers to identification of risks using methods allowing a comprehensive understanding of the risks, assessment of the severity of the damage in case of risks that may arise. In this context, risk analysis includes following processes; Identification of dangers which patients may be exposed to Determination of the frequency and level of exposure to hazards Assessment of which patient or patient groups are affected.

Risk: It refers to the probability of occurrence and the severity of an event that can damage human health as a result of exposure to a hazard.

Sharp Waste: Wastes such as injection, injection syringe and all other subcutaneous venture injections, cylinders, cartridges and cans enclosing all the gases used in procedure, lancets, scalpel, knife, serum kit needles, surgical suture needles, biopsy needles, intracath, broken glass, bulbs, solid-lamellae, broken glass tubes and petri dishes and these waste may cause stinging, punching, scrape and injuries.

Side Effect: All pharmacological effects, that are unintended, without taking the harm of the medicine into consideration.

Staff/Employee/Personnel: “Staff, employee and personnel” terms in this standard set means all permanent, temporary, volunteer, daily or independent people involved in service provision.

Sterilization: Killing all microorganisms found on anybody or substance by physical or chemical methods including spores.

Supporting Document: Procedure, Direction, Guide, Form, Plan, List, Consent Document, and External Document or this document or supportive documents.

Temporary Storage: The process of keeping waste in units built in the unit or containers for a temporary period not to exceed 48 hours before the transportation.

Transportation: The process of transporting waste by convenient transportation vehicles from temporary storage units to disposal area.

Ultimate Disposal: Destruction or disarmament through incineration or storing the waste in plants where all measures provided in applicable legislation are taken without any damage to the environment and human health.

Value: Defined rules and principle series which directs their members to certain acts for securing the survival of institution.

Verbal Request: verbal request is defined as the doctor’s conveyance of the request to the nurse in a verbal way in the obligatory cases which the physician can not give a written request.

Vision: Expression of health facility’s hope to reach the status under current conditions and its main philosophy for the future with sentences that features excellence and being ambitious.

Waste Management Plan: Determining the general principles for not harming the environment and human health when the process of composing waste till disposal of them.



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RELEVANT
LEGISLATIONS of
STANDARDS



Relevant Legislations of Standards

Chapter Name	Standard Code	Standard	Related Legislation
Organizational Structure	YO.OY01.00 YO.OY02.00	An organisational structure to cover all Dialysis Center activities must be established. DC must have all necessary authorisation and permits for all of its activities.	<ul style="list-style-type: none"> • Republic of Turkey Ministry of Health, Department of Construction and Maintenance, "Comminque concerning the minimum technical standards to be compiled in the current or new healthcare facilities", 30.10.2012. • Health Services Fundamental Law, Official Gazette, Issue:3359, 15.05.1987 • Decree law no 663,Official Gazette, Issue:28103, 02.11.2011 • Regulation concerning the Dialysis Centers, Official Gazette, Issue:27615, 18.06.2010 • Regulation concerning the Dialysis Centers, Official Gazette: Issue:27615, 18.06.2010
Core Policies and Ethical Values	YO.PD.01.00	Core policies and ethical values of Dialysis Center must be defined.	<ul style="list-style-type: none"> • Regulation on Improvement and Evaluation of Quality in Health, Official Gazette, Issue: 29399, 27.06.2015.
Quality Management Structure	YO.KY01.00	Planning, implementation, coordination and continuity of quality improvement activities must be ensured.	<ul style="list-style-type: none"> • Regulation on Improvement and Evaluation of Quality in Health, Official Gazette, Issue: 29399, 27.06.2015.
Document Management	YO.DY01.00	Management of documents at Dialysis Center must be ensured.	<ul style="list-style-type: none"> • Directive on Medical Record and Archive Services of Inpatient Treatment Institutions, Official Gazette: Issue:10588 06.11.2001
Adverse Event Reporting System	YO.OB.01.00	Reporting of adverse events that may (near miss) or does (adverse) affect the safety of patients and staff negatively must be ensured, and necessary measures must be taken.	<ul style="list-style-type: none"> • Act No 6331 on Occupational Health and Safety, Official Gazette, Sayı : 28339, 30.6.2012 • Regulation on Providing Patient and Employee Safety, Official Gazette, Sayı : 27897, 06.04.2011
Risk Management	YO.RY01.00	Risks related to Dialysis Center and services provided must be managed.	<ul style="list-style-type: none"> • İş Sağlığı Ve Güvenliği Risk Değerlendirilmesi Yönetmeliği, Official Gazette, Issue: 28512, 29.12.2012
Training Management	YO.EY01.00	In accordance with quality improvement activities, training needs of patients, carers and staff must be determined, and it must be ensured that necessary training is conducted effectively.	<ul style="list-style-type: none"> • Regulation on Improvement and Evaluation of Quality in Health, Official Gazette, Issue: 29399, 27.06.2015.

Relevant Legislations of Standards			
Chapter Name	Standard Code	Standard	Related Legislation
Social Responsibility	YO.SS.01.00	DC, must organize programs for promoting and improving health by taking health structure and general health problems of the society into account.	<ul style="list-style-type: none"> Regulation concerning the Dialysis Centers, Official Gazette: Issue:27615, 18.06.2010
	YO.KI.01.00	Institutional communication activities must be carried out effectively.	
Monitoring Of Indicators	PÖ.GI.01.00	Institutional indicators must be monitored and evaluated in order to continuously improve service provision processes regarding primarily administrative, financial and medical steps.	<ul style="list-style-type: none"> Regulation on Improvement and Evaluation of Quality in Health, Official Gazette, Issue: 29399, 27.06.2015.
Human Resources Management			<ul style="list-style-type: none"> Regulation on Ministry of Health Appointment and Change of Location, Official Gazette, Issue: 28599, 26.03.2013 Regulation concerning the Appointment Procedures and Principles of Healthcare Personnel to be appointed by open lot to the State Institutions and Organizations, Official Gazette, Issue: 29412, 10.07.2015 Regulation on Appointment and Change of Location of Contracted Healthcare Personnel subject to the law no 4924 of Ministry of Health and Affiliated Corporations, Official Gazette, Issue: 29264, 11.02.2015
	SÇ.IK.01.00	A management structure that will fulfil the requirements concerning planning of human resources, improvement of work life and the personnel must be established.	
	SÇ.IK.02.00	The requirements necessary to constantly improve recruitment and compliance processes of the personnel and their work life must be determined and fulfilled.	<ul style="list-style-type: none"> Regulation on Promotion and Change of Title of Ministry of Health Personnel , Official Gazette, Issue: 28975, 17.04.2014 General Regulation on Raising Probationary Employee, Official Gazette, Issue: 18090, 27.6.1983

Relevant Legislations of Standards

Chapter Name	Standard Code	Standard	Related Legislation
Employee Health and Safety	SC.ÇG.01.00	Factors threatening the health and safety of employees should be identified and necessary Precautions should be taken to establish a healthy and safe working environment.	<ul style="list-style-type: none"> Regulation concerning the Procedures and Principles of Occupational Health and Safety Trainings of Employees, Official Gazette, Issue: 28648, 15.05.2013. Regulation concerning the Duty, Authorization, Responsibility and Educations of Occupational Safety Specialist, Official Gazette, Issue:28512, 29.12.2012. Regulation on Occupational Health and Safety Services, Official Gazette, Issue:28545, 29.12.2012. Occupational Health and Safety Law, Law No:6331, Date of Acceptance 20.06.2012. Regulation on Occupational Health and Safety Committees, Official Gazette, Issue: 28532, 18.01.2013. Notification concerning the Making Amendment on the Notification of Workplace Hazard Classes related to the Occupational Health and Safety, Official Gazette, Issue: 28602, 29.03.2013.
Basic Patient Rights	HD.HH.01.00	The services provided in DC must be organized in such a way as to protect patient and carer rights.	<ul style="list-style-type: none"> Regulation on Patient Rights, Official Gazette, Issue: 23420 Tarih: 01.08.1998;
Patient Safety	HD.HG.01.00	The services provided at DC must be organized in such a way as to protect the safety of patients and their carers.	<ul style="list-style-type: none"> Regulation concerning the Dialysis Centers, Official Gazette: Issue:27615, 18.06.2010
Patient Feedback	HD.GB.01.00	A system must be established to receive feedback (comments, suggestions and complaints etc.) from patients and their carers about the services that are provided.	<ul style="list-style-type: none"> Regulation on Patient Rights, Official Gazette, Issue: 23420, 01.08.1998
Access to Service	HD.HE.01.00	Necessary precautions must be taken in order to provide patient able to reach services in time.	<ul style="list-style-type: none"> Regulation on Patient Rights, Official Gazette, Issue: 23420, 01.08.1999

Relevant Legislations of Standards			
Chapter Name	Standard Code	Standard	Related Legislation
Dialysis Services	SH.DH.01.00	Control of decision and planning processes for dialysis treatment must be ensured.	<ul style="list-style-type: none"> • Regulation concerning the Dialysis Centers, Official Gazette: Issue:27615, 18.06.2010
	SH.DH.02.00	All processes and procedure steps on dialysis services must be identified.	
	SH.DH.03.00	The processes that precede dialysis session must be checked.	
	SH.DH.04.00	Processes regarding dialysis sessions must be checked.	
	SH.DH.05.00	Control of medical follow-up processes of the patients that are administered dialysis treatment must be ensured.	
	SH.DH.06.00	Patient/Patient's relative must be informed about applying to organ and tissue transplantation centres.	
Patient Care	SH.HB.01.00	Patient care processes must be conducted in line with the needs of the patient and so as to ensure patient safety.	<ul style="list-style-type: none"> • Law concerning the Making Amendment in the Nursing Law , T.R. Official Gazette Sayı 26610, 02.05.2007. • Regulation on Providing Home Care Services by Ministry of Health and Affiliated Institutions, Official Gazette, Sayı : 29280, 27.02.2015
	SH.HB.02.00	In the patient care process, patient identity must be verified to make sure that the medical procedure is conducted on the right patient.	
	SH.HB.03.00	Measures must be taken to prevent patient falls.	

Relevant Legislations of Standards

Chapter Name	Standard Code	Standard	Related Legislation
Patient Care	SH.HB.04.00	Effective communication must be ensured in the flow of information among the health professionals.	<ul style="list-style-type: none"> • Law concerning the Making Amendment in the Nursing Law , T.R. Official Gazette Sayı 26510, 02.05.2007. • Regulation on Providing Home Care Services by Ministry of Health and Affiliated Institutions, Official Gazette, Sayı : 29280, 27.02.2015
	SH.HB.05.00	Patients that carry the risk of harming themselves or others must be taken under control.	
Prevention of Infections	SH.HB.06.00	The standardization of care practices for specific patient groups must be ensured.	<ul style="list-style-type: none"> • Directive concerning the Establishment and Operation of Burn Injury Treatment Units in the Health Facilities with Bed, 2202 numbered consent of Minister, 19.01.2010. • Notification concerning the Application Procedures and Principles of Intensive Care Services in the Health Facilities with Bed , T.R.Official Gazette Sayı 28000, 20.07.2011. • T.R. Ministry of Health, General Directorate of Treatment Services, "Regulation on Infection Control of Inpatient Treatment Institutions" , Official Gazette Issue: 25903, 11.08.2005.
	SH.EÖ.01.00	Necessary measures must be taken for the prevention of infections.	
Sterilization Management	SH.SY01.00	Processes concerning sterilization services must be identified and taken under control.	<ul style="list-style-type: none"> • Operating Regulation of Inpatient Treatment Institutions, Official Gazette Issue:17927, 13.1.1983
Medicine Management	SH.IY01.00	Efficient and safe medicine management must be ensured in Dialysis Center.	<ul style="list-style-type: none"> • Regulation on Pharmacists and Pharmacies, Official Gazette Issue 28970, 12.04.2014 • Regulation on Safety of Medicines, Official Gazette Issue 28973, 15.04.2014
Laboratory Services	SH.LH.01.00	Laboratory physical environment must be established in a way that ensures test and employee safety.	<ul style="list-style-type: none"> • Regulation on Medical Laboratories, T.R. Official Gazette Issue 28790, Date 09 .10.2013.
	SH.LH.02.00	A test guide must be prepared for informing of healthcare workers responsible with out of laboratory processes.	

Relevant Legislations of Standards			
Chapter Name	Standard Code	Standard	Related Legislation
Laboratory Services	SH.LH.03.00	Check of pre-analysis laboratory processes must be implemented.	<ul style="list-style-type: none"> • Regulation on Medical Laboratories, T.R. Official Gazette Issue 28790, Date 09 . 10.2013.
	SH.LH.04.00	Check of analytic processes related to laboratory tests must be ensured.	
	SH.LH.05.00	Check of pre-analysis laboratory processes must be implemented	
	SH.LH.06.00	Traceability of the processes related to laboratory tests must be ensured.	
	SH.LH.07.00	Measurement parameters related to performance measurement and improvement of laboratory processes must be determined and monitored.	
	DH.OH.01.00	All the areas at DC must be clean for the safety and satisfaction of patient, carer and personnel.	
	DH.OH.02.00	Processes regarding catering must be identified.	
Accommodation Services	DH.OH.03.00	Laundry services must be provided in a safe and efficient manner to ensure patient and personnel health at DC.	<ul style="list-style-type: none"> • Regulation of Food Hygiene, T. R. Official Gazette, Issue 281457, 17 December 2011. • T.R. Ministry of Health, General Directorate of Treatment Services, "Regulation on Infection Control of Inpatient Treatment Institutions", Official Gazette Issue: 25903, 11.08.2005. • T.R. Ministry of Health, General Directorate of Treatment Services, "Regulation on Infection Control of Inpatient Treatment Institutions", Official Gazette Issue: 25903, 11.08.2005.
	DH.OH.04.00	The physical areas used by patients/ carers must be safe and ergonomic.	

Relevant Legislations of Standards

Chapter Name	Standard Code	Standard	Related Legislation
Accommodation Services	DH.OH.05.00	Precautions should be taken in DC to ensure safety of life and property of patient/carer and the personnel.	<ul style="list-style-type: none"> Regulation concerning the Implementation of Law on Private Security Services, Official Gazette Issue: 25606, 07.10.2004
Facility Management	DH.TY01.00	A quality facility management structure and process must be established to ensure the quality and safety of dialysis services.	Regulation concerning the Safety and Health Measures to be taken in the Workplace Buildings and Additional Buildings, T.R. Official Gazette, Issue 28710, 17.07.2013
Waste Management	DH.AY01.00	Safe and effective management of waste produced at DC must be ensured to protect human and environmental health.	<ul style="list-style-type: none"> Regulation on Medical Waste Control, T.R. Official Gazette, Issue 25883, 22/07/2005. Regulation on Medical Waste Control, T.R. Official Gazette, Issue 25755, 14/03/2005. Regulation concerning the General Principles of Waste Management, T.R. Official Gazette, Issue 26927, 05/07/2008 Regulation on Regularly Waste Storage, T.R. Official Gazette, Issue 27533, 26/03/2010
Information Management	DH.BY01.00	A safe and effective information management system must be present at DC.	<ul style="list-style-type: none"> Law on Protection of Personal Data, T.R. Official Gazette, Issue 29677, 07.04.2016
Material and Device Management	DH.MC.01.00	Efficient, effective and safe use of materials and devices must be ensured.	<ul style="list-style-type: none"> Regulation on Medical Devices, T.R. Official Gazette, Issue 27957, 07/06/2011
Outsourcing	DH.DK.01.00	The services provided through outsourcing must be in line with the core policies and values of DC and Standards of Accreditation in Health.	<ul style="list-style-type: none"> Regulation on Making Amendment in the Service Procurement Tender Application Regulation, T.R. Official Gazette, Issue 29428, 28/07/2015
Emergency Management	AD.AD.01.00	Measures must be taken against cases like natural disasters or events that necessitate extraordinary response, intervention, first aid or evacuation.	<ul style="list-style-type: none"> Regulation on Disaster and Emergency Response Services, T.R. Official Gazette, Issue 28855, 18/12/2013 Regulation concerning the Fire Protection of Buildings, T.R. Official Gazette, Sayı 26735, 19/12/2007

Relevant Legislations of Standards			
Chapter Name	Standard Code	Standard	Related Legislation
Emergency Management	AD.AD.02.00	Timely interventions must be performed in the case of respiratory or cardiac arrest.	<ul style="list-style-type: none"> Regulation on Disaster and Emergency Response Services, T.R. Official Gazette, Issue 28855, 18/12/2013
	AD.AD.03.00	Timely intervention must be ensured in cases where the health professional is exposed to a risk of violence, or an act of violence is directed towards him/her.	<ul style="list-style-type: none"> Regulation concerning the Procedures and Principles of Legal Support to be made to the Ministry of Health Personnel due to the crime made against them, Official Gazette Issue : 28277, 28.04.2012 Circular on Employee Safety, Issue: 2012/23, 14.05.2012
	AD.AD.04.00	There must be an arrangement in place to ensure timely response to fire.0	<ul style="list-style-type: none"> Regulation on Disaster and Emergency Response Services, T.R. Official Gazette, Issue 28855, 18/12/2013 Regulation concerning the Fire Protection of Buildings, TR. Official Gazette, Issue 26735, 19/12/2007

ANNEX



ANNEX.1 – SAS Indicators List

SAS Indicators List	
Indicator Code	Indicator
Service Quality Indicators	
GKH01	Corrective/Preventive Activity Completion Rate
GKH02	Participation Rate in Trainings (Staff)
GKH03	Realization Ratio Of Planned Trainings
GKH04	Ratio of Exposure to Blood and Body Fluids
GKH05	Rate of Sharp Object Injuries
GKH06	Percentage of staff who has health screening
GKH07	Ratio of Patients injured by falling
GKH08	Number of Misadministrations
GKH09	Hand Hygiene Compliance
Clinical Quality Indicators	
GKK01 Core	Patient Ratio of Hemodialysis Patients with Kt/V Value <1.2 or URR Value Less than 65%
GKK03	Ratio of Patients With a Phosphorus Level >5.5 mg/dL in Their Serum
GKK04	Ratio of Patients with Albumin Levels Below 3.5 g/dl
GKK07 Core	Average Duration of Hemodialyses
GKK08	Erythropoietin Usage Rate
GKK09	Patient Ratio Between 10-12 mg / dL Average Hb Level
GKK10	HBsAg (+) Patient Ratio
GKK11	Anti-HCV (+) Patient Ratio
GKK12	Indwelling Catheterized Patient Rate
GKK13	Ratio of Patients Who Develop Catheter Infection in Indwelling Catheterized Patients
GKK14	Ratio of Patients With Catheter Infection in Transient Catheterized Patients
GKK15	Central Venous Catheter Related Blood Circulation Infection Rate
GKK16	Mortality Rate
GKK17 Core	Rate of Performing the Necessary Laboratory Tests Completely
GKK18 Core	Rate of Timely Microbiological Analyzes in Pure Water Samples
GKK17	Rate of Catheter Fistula